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# **Rebuilding Young Lives: Using the Child-to-Child Approach with Children in Difficult Circumstances**

## ***Six Case Studies***



**The Child-to-Child Trust  
1997**

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## Introduction

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The six case studies which follow provide an insight into the lives of children caught up in the upheaval and destruction of war, civil strife and repressive political and military regimes. They tell of the physical and emotional harm suffered by children exposed to violence and brutal death, separation from parents and families, the insecurities of camp life, and disease and malnutrition.

These problems are often compounded by the hazards of damaged and dangerous environments. The case studies describe the difficulties experienced by children living in camps, villages and towns where services and facilities are either minimal or have been systematically destroyed or exposed to chronic neglect. Living and play areas may no longer be safe because of the indiscriminate use of weapons and planting of land mines.

What emerges strongly from these accounts, however, is the remarkable capacity of children to do well in spite of these harsh circumstances. This capacity, or strength, has been described as resilience. Vanistendael (1995, 9) maintains that resilience is more than coping; it consists of two components:

**'resistance** against destruction, i.e. the capacity to protect one's own integrity under pressure; and

beyond mere resistance, the capacity to **construct** a positive life in spite of difficult circumstances.'

Child-to-Child has much to offer children in this recovery process. Through direct participation children are encouraged to grow in self-esteem, gain social and problem-solving skills and develop a sense of having some control over what happens in their lives. The case studies show how the Child-to-Child approach has been used to activate children's potential for building up life and health against all sorts of odds, in a variety of situations and cultural settings.

Moreover, the case studies bear witness to a strong commitment by the programmes concerned to make the UN Convention on the Rights of the Child a reality in their work. Thus:

- Children participate in identifying needs, decision-making and conflict resolution in Nepal (pp 9-12), the West Bank and Gaza (pp 27-30), Yemen (pp 43, 47, 48, 55-6) and Zaire (pp 66-7);
- Children take part in a variety of actions: in the rebuilding of their lives and surroundings in Romania (pp 22-3), the West Bank and Gaza (pp 32-7), Yemen (pp 47-8, 57) and Zaire (pp 69-71); in running campaigns and activities that have

influenced social policies, including a long-running and sustained anti-smoking campaign in Romania (pp 20-2) and the foundation of the Centre for Children with Hearing Impairments in Yemen (p 43).

- Field workers acknowledge that children have interests, views and priorities which may differ from those of adults with whom they interact, but that such differences need not block progress towards children's participation; Nepal (p 14), the West Bank and Gaza (pp 30, 37) and Yemen (pp 42-3, 59-60);
- Programmes give recognition to the cultural roots and the particular needs of vulnerable groups within societies and cultures, including disabled refugee children and their families in Nepal (p 6) and Yemen (p 43); girls in Nepal (pp 10, 15), the West Bank and Gaza (pp 36) and Yemen (p 43); and unaccompanied children in Zaire (pp 69-70).

The six studies underline the value of partnerships, not only between adults and children but also:

- Between health and education sectors in the the West Bank and Gaza (pp 31, 38) and Yemen (pp 55-6, 58-9);
- Between government and NGOs in Romania (pp 22-3), the West Bank and Gaza (pp 27, 38) and Yemen (p 41);
- Between NGOs and NGOs in Nepal (p 7), the West Bank and Gaza (p 39), and Yemen (p 53);
- Between NGOs and local volunteers and staff (cooks and laundry workers) in Zaire (p 65);
- Within schools to allow for the implementation of health across the curriculum in Nepal (p 8) and Yemen (pp 46, 54);
- With the media in Romania (p 20) and the West Bank and Gaza (pp 36, 38).

After the initial rush of enthusiasm with which new projects often begin, ways have to be found of sustaining efforts if they are to bring about desired improvements. Many of the case studies highlight the factors which are critical for effective and sustainable projects. They emphasise the importance of:

- Nurturing and maintaining community involvement, including that of children, in assessment, decision-making, action and evaluation;
- Building the capacity of individuals and groups by the provision of carefully planned and ongoing training;

- Focusing on priority needs and being prepared to modify activities following participatory evaluation and feedback;
- Sustaining close and active working partnerships between project workers, government, other agencies and community.

The case studies describe how the Child-to-Child approach and ideas have been used to encourage children to discover and fulfil a role in problem identification, decision-making and action in a diversity of settings. A strength is that they indicate problems as well as opportunities encountered by the projects and in so doing allow others to learn from their experiences. They will be of particular interest to those concerned with child rights and welfare and those seeking more flexible ways of working with children in difficult circumstances.

### Reference

Vanistendael, S *Growth in the Muddle of Life. Resilience: Building on people's strengths* Geneva: ICCB, 1995.



# **Nepal: From Health to Children's Rights: Child-to-Child in the Bhutanese Refugee Camps**

**UMESH KATTEL and RACHEL CARNEGIE**

Umesh Kattel is the Children's Programme Coordinator, Save the Children Fund, Jhapa, Nepal. Rachel Carnegie is a Partner and former Programme Officer of the Child-to-Child Trust. She worked in Bhutan in the 1980s and has been a resource person for two Child-to-Child training workshops in the camps for Bhutanese refugees in eastern Nepal.

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## **INTRODUCTION**

The children sat in small circles on the grass intent on the drawings they were producing. First they drew a picture showing 'What makes me healthy?'. This showed that they had understood and remembered much of the health education they had received at school. The children then worked on two more pictures illustrating 'What makes me happy and what makes me unhappy?'. The teachers and health workers sitting with them looked on, intrigued by the detail of the children's drawings and the ideas they were expressing. The children explained their drawings. Simple things, new clothes, a toy car, flowers, friends and food, made the children happy. Everyday things, too, events seen as commonplace around the camps, made them unhappy: being shouted at to stop playing by adults; being beaten for misbehaviour by their parents. Drawn from the child's perspective, however, the reality of these actions was more shocking than the adults would have expected. Reflecting on this experience at a Child-to-Child training workshop, the adult participants said they were surprised by how much they had learnt, and indeed how much children had to say, when adults took the time to listen.

This scene came from a Child-to-Child training workshop run for teachers, health and disability workers in the Bhutanese Refugee Camps in eastern Nepal. The aim of the session was to help adults learn to listen to children and understand life from their perspective.

## **BACKGROUND TO THE INITIATIVE**

Refugees from Bhutan started to arrive in Nepal in 1991. Now, in 1997, about 90,000 refugees are sheltered in seven camps in south-eastern Nepal, with up to 10,000 more surviving outside the camps in Nepal and India.

The refugees are drawn mainly from the population of southern Bhutan, which is predominantly of Nepalese ethnicity and Hindu religion. Following a nationwide census in 1980, the Bhutanese government, dominated by people from the north, appears to have felt that a growing population in the south posed a threat to the dominant culture and identity. A policy of repression, including hundreds of arbitrary arrests, widespread ill-treatment and torture and other harassment by government forces, led to the mass exodus of the southern population. Almost all schools were closed in the south and

health services severely restricted. One hundred thousand people fled the country, representing nearly one sixth of the total population. A personal account from one school child, Pavitra Khatri (Box 1), gives an insight into what children suffered on leaving their homes, and continue to suffer in their current insecurity in the camps.

### **Box 1: Pavitra Khatri's Story**

... Due to the agitation everything changed. The village and homes were dismantled. The people were drawn out of the country.

I was studying in Class III. The Bhutanese army closed the school. I think about 40 or 50 soldiers came to close the school. They had to come by foot as there is no road. Five soldiers came into my classroom. My teacher was there. His name is Mr John. He is from Kerala (India). We were doing English. I was in the front row. The soldiers came and caught our books and threw them out the door. They circled Mr John. We were all very frightened. Sir was also frightened.

We all came outside. Some soldiers were in the office with the headmaster. Maybe the soldiers told the headmaster to ring the bell. I don't know. The headmaster rang the bell and we all went home. I walked home with my friend Renuka. We were asking each other why did this happen and where would we study. The army stayed in my school from that day and we had no school.

They used to come to the villages and beat the young people and rape the girls. One day seven soldiers came to my house and asked my father where I was. My father replied that I was in my grandfather's house. The soldiers left and went to another house where there were girls.

After the army came to our village we remained there for fifteen days. My father was asked to the school during that time and told to leave the country. I think my father was told to leave because it was felt he had disobeyed the government. All the villagers were told to leave ...

When I left we walked from our village to Sarbhang market - about a two-hour walk. From Sarbhang we took a truck to Maidh (Nepal). In Maidh there was nothing. It is where the refugees gathered. It is windy and not good there. Soon after reaching there it became very congested with many people and many died. I think people died from the congestion. We stayed in Maidh for about three months. We built a shelter there from sticks. We got some green plastic from an NGO. We came from Maidh to Beldangi 1. It is better here than in Maidh.

When people came after us they told us the news that their houses were burned and dismantled. My house has been destroyed by the Bhutanese army. Our neighbours told us.

I am going back to Bhutan because here is not comfortable. It is my country. I was born there. I feel I am here for a few days only. Also what will happen to us if UNHCR stops giving us rations. In Bhutan we have everything - land and house. We can work on our land and get things to eat. I want (you) not to think that what I am saying is lies. It is true what has happened to us. I ask you to feel our pain.

**By Pavitra Khatri, referring to events in 1991-2, when she was 11 years old.**

In Nepal the refugees first set up their own temporary camps and established schools under the trees. In late 1991, the United Nations High Commissioner for Refugees

(UNHCR) began providing assistance, in collaboration with other international and national agencies. The Save the Children Fund (SCF) is mainly responsible for health care in the camps, while CARITAS manages the education programme. The Bhutanese refugees are an impressive and resourceful group. As teachers and health workers, some with training from Bhutan, they provide the professional backbone of the health and education services in the camps. With over 50 per cent of the camp residents being children under 16 years, the schools cater to a vast student population of nearly 40,000.

Life in the camps is now relatively stable. The vast majority of the residents have been there since early 1992, and the camps are well ordered and maintained. The main insecurity for the refugees is whether the international community will continue to provide assistance to the camps and advocate for a solution to the crisis - the return of the refugees to their homeland. The initial trauma of their departure is now being replaced by an increasing sense of hopelessness that their situation may never be resolved. In such an environment, it is the education programme which has become the focus of the refugees' aspirations for their children's future.

### **IMPACT ON CHILDREN**

For the refugee children under 10 years old, Bhutan is now a distant memory, for many only recalled in the descriptions of their parents. For the youngest, their hut in the camps is the only home they have known. The children's problems relate more directly to dealing with life in the camps, with the cramped conditions and limited space for play, although clearly their parents' psychological trauma has an impact on their own emotional environment. For adolescents, the principal difficulty lies in their own lack of prospects and the breakdown of social cohesion as a result of the unsettled life in refugee camps. In many families the adult men live away from the camps in search of paid work to supplement their rations. For young people, once secondary school is completed, there are few opportunities for purposeful activity.

### **WHY WAS CHILD-TO-CHILD INTRODUCED?**

In the early days of the camps, the child morbidity and mortality rates were very high. However, once the camps became established and the health services were functioning, the health situation was brought under control. During this period, the focus of the health programme, managed by SCF, shifted from a reactive emergency health intervention to a long-term, primary health care programme, with specified goals. In addition to its central health provision services, the programme includes a programme for disabled refugee children and their families, and support to refugee groups for capacity building in order to promote the sustainability of health maintenance. 'Special emphasis was placed on ensuring that the camps carried out most of the day-to-day activities involved in running and monitoring the camp health and other services. To the extent possible, the refugees themselves were made responsible for their own community health services. Refugee participation at all stages of the programme cycle has been achieved to a good degree to date and will be the basis for the increased involvement of refugees in the planning, implementation, monitoring and evaluation of the programme in the camps in the future.' (SCF Annual Report 1996.)

The health staff of SCF recognised that children have a particular role to play in health promotion in the refugee community, hence their recognition of the value of the Child-to-Child concept. However, the initial interest in the Child-to-Child approach came from the education programme, run by CARITAS. Those teachers who had previously worked in Bhutan, both refugees and expatriates, had been exposed to Child-to-Child ideas while still in Bhutan. Once in the camps, the goal of the education programme was to provide schooling to all children and to attain the same levels of quality which were aspired to in the NAPE (New Approach to Primary Education) Programme in Bhutan. The Child-to-Child active learning concepts fitted well into the teaching and learning approaches promoted in the refugee education programme. Child-to-Child activities were seen to provide a method for linking learning in school with life in the camps and also to give a structure for establishing bonds between children within schools and in their camp sectors. It was recognised that children would benefit from feeling a sense of purpose and responsibility and for being engaged in constructive, fun activities in and out of school hours. Life in the camps has severely limited their opportunities for recreation and useful home activity. Space is at a premium, so there are few areas to play. The quality of their environment is much more restricted than life back in the hills in Bhutan. Outside of school work, children can feel bored and restless and in need of stimulation and purposeful activity.

#### **FIRST CHILD-TO-CHILD TRAINING WORKSHOP**

In June 1994, CARITAS and SCF jointly organised the first Child-to-Child training course for 16 teachers and 14 health workers from the seven camps. This workshop was facilitated by trainers and programme supervisors from SCF and CARITAS, with an external resource person, a former programme officer of the Child-to-Child Trust, who had also integrated Child-to-Child ideas into the primary school curriculum whilst in Bhutan in the mid-1980s. The aim of the workshop was to explore the relevance of the Child-to-Child ideas to the context of the Bhutanese Refugee Programme, and to develop action plans for children's activities in health promotion within school and in their camp communities. The workshop participants conducted surveys in one of the camps to find out more about people's perceptions and practices relating to:

- Priority health topics;
- Early childhood development;
- Children with special needs;
- Children coping with refugee life.

On the basis of their findings the participants discussed and planned activities with children. They experienced using active learning methods and creative communication activities, such as puppets, drama, games, etc, by which children can convey messages to other children and to the community.

The emphasis of the workshop process was on participation and shared learning. It

thereby consolidated professional relations between health and education personnel at field level. Through the process, the participants shared knowledge from their own fields and developed practical and effective ways of involving children in promoting health, with messages and practices standardised for both the health and education sectors as a result of the workshop.

#### **IMPLEMENTATION IN 1994-5**

After the workshop, the participants organised camp level meetings with health and school staff, and also the camp committee and other groups in the camp community. These meetings were used to brief people about the ideas and objectives of Child-to-Child and the participants' proposals for activities within the camps.

To initiate the process, health workers developed lessons plans on health and personal and environmental hygiene issues and ran these sessions in school along with the health teachers. Then, in September 1994, a follow-up meeting to the training workshop was held to make a specific plan of action to start a pilot project.

In the pilot initiative, Class VI of the main camp schools in all seven camps was selected as the pilot class and Class III as the 'recipient' classes. A Child-to-Child lesson plan on personal hygiene was developed by the education programme resource teachers, as an extension to on-going curriculum work. These sessions were led by the school health teacher, with support from the community health workers. This type of topic work is an example of taking health teaching across the curriculum. For example, the students conducted surveys on hygiene habits and drew graphs of their results. Language skills were developed through discussion and role play. The students also developed skills in problem solving and communication. Through a range of active learning methods, the children of Class VI learned to examine and take action on personal and environmental hygiene in the home and community. These students then worked with Class III children to raise their awareness and promote better practice.

The students, supported by the health teachers and community health workers, mobilised other children and community members in clean-up campaigns in the school and camp sectors. The students also organised rallies to communicate messages on other health subjects, such as malaria prevention. In some camps they performed health dramas and demonstrations.

Although the activities of the pilot project had been fully implemented in the camp schools, it was clear that schools were finding it difficult to integrate Child-to-Child activities fully into their work. The original resource teachers, who had promoted the initiative, had by then left the education programme. Some of the ideas in the Child-to-Child materials were incorporated into in-class teaching materials for language and environmental studies, but the component which promotes shared learning between classes and linkages between school and community gradually lost momentum. In 1996 there was a lull in the activities in schools. The reasons for this will be explored more fully below.

However, what is significant at this point is that SCF was meanwhile in the process of redefining its strategic focus, to expand from health programming to a broader mandate of children's rights. In this context, SCF became interested in the Child-to-Child concepts, not just as an approach to involving children in health promotion, but more generally as a vehicle for advancing children's rights, through ensuring their participation in identifying needs and making decisions on issues affecting their lives. The main impetus in the Child-to-Child initiative in the camps, after 1995, therefore came from the SCF staff.

### **EVALUATION OF REFUGEE HEALTH PROGRAMME**

When SCF evaluated the overall health programme at the end of 1995, they used a participatory process involving various groups in the refugee community, including students. The student representatives identified their health problems and needs, which included intestinal worm infestations, minor injuries, long queues and delays at the health clinic, and inadequate awareness on health issues. On the basis of these findings, SCF decided to design a school health programme, which included:

- Periodic school health check-up clinics for students;
- First aid services at schools;
- Health education classes at school, and other activities such as quizzes, rallies and drama;
- Stool sampling to investigate the incidence of intestinal worms infestation.

The community health supervisors and workers conducted these activities alongside teachers and student representatives, giving training as required. The sample survey for stool screening revealed that more than 30 per cent of students were suffering from worm infestation. Since the personal and environmental hygiene of the camps was quite good, it had not previously been considered necessary to conduct this investigation. The process illustrated the value of children's participation in decision making on programme activities. As a result, SCF organised a mass de-worming campaign of all school children.

### **NEEDS ASSESSMENT AND ANALYSIS FOR SCF's CHILDREN'S PROGRAMME**

Aside from their educational and health needs, the refugee children have a range of problems with no specific programme to address them. With its new focus on children's rights, SCF was interested in developing a children's programme in the camps. It initiated this work by holding a workshop, jointly with the UNHCR protection unit, to raise awareness and hold discussion on the Convention of the Rights of the Child. This workshop included key staff from the different agencies working in the refugee programme, as well as the Nepal government camp supervisors and UNHCR camp monitors. Focus group discussions were then held with children grouped in three different ages. In these discussions the children identified problems or needs (Box 2), considered the causes, articulated the desired situation and suggested what action was

required. These findings were used to formulate a plan of action for SCF's children's programme in 1997.

In analysing the findings of this research, a range of activities have been planned for SCF's children's programme. These include further awareness-raising on children's rights; research into protection issues, such as physical abuse of children, child labour and girl trafficking; and specific programmes for pre-school children and children with disabilities.

### **Box 2: Some Problems and Needs Identified by Children**

#### *Children of 3-6 years:*

- Children beaten when they demand food; return late from play; play in unhealthy or dangerous places.
- Children play in dirty places as there are no proper places or facilities for play.
- Some parents do not send their school-age children to school.

#### *Children of 7-10 years:*

- Child labour - stone breaking; carrying fire wood; working in local fields, to earn money for family's supplementary needs.
- Need for better facilities, especially an adequate water supply, to help prevent communicable diseases.
- Girl trafficking - some incidences of girls being taken from camps.
- No opportunity to participate in decision-making in the families.
- Discrimination against girls: girls are made to work at home after school, while boys are allowed to play; girls are made to stay back from school if there is a problem at home.
- Dropping out from school, especially girls, due to irregular attendance because of domestic work; girls lack supply of sanitary towels.
- Lack of daily needs, including toothbrush and toothpaste; sanitary towels; kerosene for study at night.
- Insult and corporal punishment at school, often due to inability to do homework because of lack of kerosene and being disturbed by drunk people at night.

#### *Children aged 11-16 (in addition to those raised in the previous group):*

- No balanced diet for children.
- Drunk people disturb their studies and sleep at night.
- Disabled children neglected by parents.
- Early marriage, especially of girls.
- No extra-curricula activities to engage children after school hours.

It was clear that the older children had constructive ideas of action which they would like to take but that they required some kind of forum, in or out of school, in which to meet together. There was also a clear need for some extra-curricula activity outside of school

### **Box 3: Views of Child-to-Child Initiative in the Camps**

#### *Students' perceptions of achievements of Child-to-Child:*

- Students mobilised others and organised clean-up campaigns which contributed to the existing clean school and community environment.
- Children had increased awareness about health, which had resulted in decreased incidence of communicable diseases.
- Students realised the value of children's strengths and the contribution they can make to their school and community.
- Child-to-Child activities had built a better relationship between children and their parents.
- Child-to-Child had helped to build team work among the students.
- Students are eager to renew the Child-to-Child initiative, which they valued and enjoyed.

#### *Teachers' and health workers' perceptions of achievements of Child-to-Child:*

- Child-to-Child ensured children's participation in health promotion.
- Children were interested and active in Child-to-Child.
- The approach helped children to learn quickly and effectively.
- It is a good approach for dealing with the health and hygiene topics in the curriculum.
- It improved children's personal hygiene practices.

#### *Problems of Child-to-Child initiative identified by teachers and health workers:*

- The rapid turn-over of teachers (as those newly trained leave the camp schools in search of paid work in Nepal) severely affected the continuity of the activities.
- Child-to-Child 'outreach' activities were not fully integrated into the school timetable due to the perceived pressure on the school curriculum.
- Teachers found Child-to-Child activities effective but too time consuming. The project did not explore using time out of school teaching hours. Community health workers also had other responsibilities and time pressures.
- The head teachers were not involved in the initial training, and hence did not feel part of the initiative. There was a perceived communication gap between the head teacher and the health teacher.
- Responsibilities were not clearly laid out between CARITAS education staff and SCF health staff. After the initial year's pilot project, this at times led to a lack of coordination and a clear focal point for the initiative.
- There was no specific forum for children, through which they could participate in needs assessment and planning.
- The pilot project had very detailed work plans but did not state a clear time frame for implementation, evaluation and follow-up.
- There was no special provision for the supply of materials for Child-to-Child activities.

to engage children's time. Thus the idea of the children's club or forum was conceived. Child-to-Child could provide the process by which children could participate in prioritising their needs, analysing them and identifying appropriate action to take. SCF



therefore decided to undertake a review of the Child-to-Child initiative, which had existed, mainly in schools, since late 1994.

### **PARTICIPATORY REVIEW OF CHILD-TO-CHILD ACTIVITIES**

SCF conducted focus group discussions with groups of students, teachers and health workers in each camp. In these discussions the participants expressed their views on the achievements, issues and problems related to Child-to-Child and other school health activities and made recommendations for strengthening the initiative (Box 3).

### **RECOMMENDATIONS FOR THE DEVELOPMENT OF CHILD-TO-CHILD IN THE REFUGEE CAMPS**

As a result of this research, SCF staff discussed the possible development of the initiative with teachers and head teachers, children, health workers and community members. It was recommended that:

- Child-to-Child activities should be re-established and strengthened;
- The approach should be applied both in school and in the community. It should not focus solely on one single location;
- Children's forums (clubs) should be established in schools and in the community. The SCF children's programme staff, teachers and community representatives should facilitate this process with children;
- Children should be more directly involved in decision-making, participating in analysing their problems, formulating their plans and bringing these into action with the support of specified responsible people from SCF, the school and the community;
- A briefing workshop, and regular follow-up for head teachers should be conducted to ensure that they feel involved and responsible for the initiative;
- Better coordination should be ensured, both between agencies and from office to camp level. SCF's children's programme coordinator will take a lead in this;
- The Child-to-Child initiative should have a wider focus than health, to include:
  - Research on general problems of children and child-rearing practices;
  - Common health issues;
  - Children's rights;
  - Early childhood development;
  - Supporting/involving children with disabilities.

- A second training workshop should be held for children's programme and health workers, teachers and students. This would be used to reflect on the lessons learned over the past two and a half years and to reorient the Child-to-Child initiative to meet current needs. A proportion of those teachers trained in the 1994 workshop have now left the camps to find paid teaching work, so there was also a need to provide basic training in the Child-to-Child approach to a fresh group.

## **SECOND CHILD-TO-CHILD WORKSHOP: APRIL 1997**

Before this training workshop was held, an orientation workshop was conducted with head teachers and community health supervisors to understand their perceptions of the Child-to-Child initiative and also to share with them the findings of the research conducted by SCF. This evoked lively discussion as these senior professionals were presented with the list of problems expressed by the children themselves and were challenged with considering how the schools, the health programme and the camp communities could be mobilised to meet these needs.

The second training workshop was organised and funded by SCF, with a resource person sent by the Child-to-Child Trust. The workshop had 35 participants, including school students, teachers, children's programme workers, health workers and disability programme workers. Three of the facilitators, including the external resource person sent by the Child-to-Child Trust, had been part of the team for the 1994 workshop.

The objectives of the workshop were:

1. To develop the participants' skills in using the Child-to-Child approach, so that they can train/share ideas with others in the camp schools and community;
2. To analyse the problems and needs of children in the camps and identify ways in which children can participate in addressing these needs through Child-to-Child;
3. To identify how the Child-to-Child approach can be integrated in and support programme activities in health promotion, environmental hygiene, community based rehabilitation, and children's rights;
4. To develop simple methods and plans for monitoring and evaluating Child-to-Child activities with the participation of children and the community;
5. To develop action plans for Child-to-Child activities, based on consultation with the children and community, with support from SCF and CARITAS staff;
6. To define the nature and activities of the Child-to-Child children's forum (club).

The workshop was based on a participatory process which promoted shared learning

between the children and adult participants and between staff from the education and health sectors. Discussion took a very pragmatic look at the lessons learned over the previous years and at the opportunities and limitations to the development of Child-to-Child activities in the camps.

The main emphasis in discussion was to put children at the heart of the decision-making process. This will require the adults to take a less directive and more facilitating role. It was accepted that it would be easier to explore the dynamics of this process of children's participation out of the confines of the school classroom, at least initially. The children's forums/clubs will be started out of school, one per camp, facilitated by the SCF children's programme staff. The participants wanted to start small and then build up the Child-to-Child network in the camps with a firm foundation of experience.

Another consideration was the concern of some adults that these children's clubs could be subverted into political activity. With the frustration of life in the camps and no prospects or opportunities for students once they have finished school, there is a very real fear in the camps that these young people are vulnerable to manipulation. This was another reason for starting the club idea on a small scale to convince the community of the beneficial effects of involving children and adolescents in these constructive activities. It would also help to demonstrate that children's participation does not mean the abdication of adult responsibility in guiding children. A practical example of this arose during the workshop when a children's group wanted to choose child labour (the child's right not to be engaged in labour) as the first topic for action. After reflection it was recognised that this could lead to early confrontation with adults and that it would be more beneficial first to tackle a less contentious issue, one perceived as a need by both children and adults, in order to gain the community's trust and support.

## **CONCLUSION**

With the establishment of SCF's children's programme, with its specific interest in children's participation, the Child-to-Child initiative in the refugee camps now has a clear focal point to coordinate and facilitate the children's activities. The well organised structures and close-knit communities of the refugee camps in many ways offer fertile and accessible ground for Child-to-Child. While the school programme is highly organised and structured, with perhaps less room and flexibility to experiment with innovation, the empty out-of-school hours offer a good opportunity for involving children. The children themselves expressed their frustration at the lack of space and facilities to engage them after school hours. The Child-to-Child approach, implemented through the children's clubs, will provide a positive outlet for their energies, but, more importantly, equip them with the problem-solving, decision-making and communication skills they acutely need to deal with the physical and psychological privations of refugee life, as well as, one day, the challenges of their long-awaited return to their homeland in Bhutan.

Refugee existence can lead to a breakdown of many former family and community structures. Child-to-Child activities, linking one child with another and groups of children together, can provide a reassuring sense of community in an unsettled environment.

In the case of the Bhutanese refugees, children did not arrive in the camps unaccompanied, but where this is so, Child-to-Child relationships can also provide some of the nurturing and sense of 'family' belonging.

The breakdown of old structures also instigates a shake-up of traditional values and attitudes. The women in the Bhutanese refugee camps say that their confidence and role within the family and community have been transformed while in exile. Illiterate women have attended literacy classes, formed women's committees, joined income-generating initiatives, and worked together to deal with violence against women. In terms of Child-to-Child activities, these new perspectives on women can be reinforced through a special focus on the development of girls. The rapid social transformation experienced by refugee communities provides opportunities for positive change, but can also cast children and young people adrift without a clear sense of their own values and role within the wider group. Child-to-Child, with its focus on life skills, provides a vehicle to enable children to develop a constructive role and to embrace positive values. The involvement of parents is critical in this process. Parents can feel particularly threatened in this time of rapid change. The Child-to-Child approach rightly emphasises working with families, with parents also participating in the guidance of the activities, so that the benefits are experienced and recognised by the refugee community as a whole.

## **Romania: The Health Messengers Association**

### **CLARE HANBURY**

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### **INTRODUCTION**

The Health Messengers Association (HMA) was founded in Romania in 1991, two years after the downfall of Nicolae Ceauşescu. Its mission is to help children communicate better with each other, their families and the wider community. Health and environment issues provide the focus and the content for developing children's communication skills.

The HMA's work links people and projects from all levels of society from the politicians to the poorest. In a country where there has been little respect for health education, for the voice of children or for voluntary activities, the HMA's achievements are remarkable. It is a small but powerful organisation through which children succeed in making their voices heard as true citizens of Romania.

### **ORIGINS AND DEVELOPMENT OF THE HMA**

In 1991, Eugenia Grosu Popescu, a radio journalist, set up courses to train children aged between 8 and 16 to be health educators in their families and communities. This followed a visit by Eugenia to the UK, where she encountered the ideas promoted by the Child-to-Child Trust.

In 1992, the HMA was formally registered as a non-governmental association (NGO). A full time member of staff was employed.

The focus of the HMA, as reflected in its original aims and objectives, was to improve the health of the children involved and to encourage them to promote good health in others. Through their activities, the health messengers became interested in two related areas, environmental health and communication skills.

Five years after it began, the HMA in Bucharest is active and strong. There are approximately 120 child health messengers. Many more young adult 'graduates' of the association have become trainers, mentors and tutors for the HMA. New branches of Health Messengers Associations have developed in other parts of the country and are described below.

In its promotional literature, the HMA describes itself as a 'primary school in democracy where democratic skills are developed in real life circumstances. Children are trained to run their own projects and solve certain problems of health, environment and communication which challenge community beliefs and attitudes.'

The HMA grew out of the enthusiasm of one individual and her ability to secure funds to start up a modest project. The project has flourished owing to the availability of different sources of funding and the hard work and commitment of the adults and children involved.

### **ORGANISATION AND MANAGEMENT OF THE HMA IN BUCHAREST**

The HMA has a flexible structure. It describe itself as a 'learning organisation'. It is informally linked with branches in other parts of the country which, however, are autonomous and have their own coordinators and plans.

The HMA is led by a non-hierarchical team of six people who either have management responsibilities and/or organise particular activities. The team consists of:

- The founder and president of the organisation, who also plays a key role in providing the theoretical input to the journalism courses;
- The executive director, who is also a trainer;
- The finance officer, who is also the public relations officer. She contributes to fund-raising initiatives, administrative work, liaises with other NGOs and is active in lobbying for new legislation to improve conditions for NGOs in Romania;
- The coordinator of activities at the radio and TV stations, who also liaises with the Municipal Hospital;
- The coordinator of the Eco-Detective Agency, one of HMA's major projects. He also plans strategies to promote children's rights in Romania;
- The research and development officer.

The HMA has associates, including doctors, social workers and journalists, who act as advisers to different activities as and when they are needed.

Some former health messengers graduate to become trainers of younger children. They tend to be around 20 years old or have had several years' experience with the association. Other trainers include students from the University of Bucharest (Faculties of Psychology, Law and Social Work). These trainers support Saturday Club and summer camp activities and other specific projects according to their interest.

There are also tutors, aged between 16 and 18 years, who act as an older sister/brother to the messengers and who develop a special role with a small group of under-10 year old messengers; and mentors, who are usually 18 to 20 year olds who are linked with larger groups which may include tutors. Often the mentors are leaders of special projects (for example, the coordinator of the Eco-Detective Agency mentioned earlier).

## **Membership**

In Bucharest most health messengers are between 11 and 14 years old. About 30 per cent of participants are boys and 70 per cent girls. Both boys and girls are leaders.

## **Location**

The HMA's main base has moved a lot but in 1997 is attached to a health clinic next to Foisor Hospital. Rooms for activities have been made available at the Mayor's office and the Municipal Hospital. Meetings are also held in the centre of town in the offices of the Society for Education through Radio and Television.

## **Funding**

There are strict regulations for NGOs who have to submit accounts regularly to the Ministry of Finance. Non-profit organisations have few tax benefits and are charged for utilities at a commercial rate. Under current law, it is not easy for business to make donations to NGOs. Through the finance officer, the HMA takes part in lobbying for a new law to improve conditions for NGOs in Romania.

The HMA's sponsors include government departments and local and international NGOs. Businesses have also helped but mostly through 'help in kind' (photocopying, printing publicity materials, etc). Most funds are given for specific projects. Some funds are raised from members.

The office runs on approximately £3,400 per annum. Core costs are difficult for the organisation to find as most sponsors do not like to fund them, not even as a percentage of project costs.

## **THE HMA'S ACTIVITIES**

Activities can be categorised under four broad headings:

- General activities.
- Health activities.
- Environmental activities.
- Communication activities.

In practice, however, and as described below, an activity may fall into more than one category.

### **General Activities**

These are the foundation for activities in other categories and form the core of the HMA's work.

#### **► Saturday Club Meetings**

Every Saturday, the health messengers meet, either at the Municipal Hospital (for new

messengers) or at Foisor Hospital. They are divided into groups which are led by trainers for a session of one-and-a-half hours. Trainers follow a curriculum and session plans devised by the executive director. Three broad topic areas are covered over a period of one year (Box 1).

### **Box 1: Health Messengers' Curriculum**

#### *Topic One: Interpersonal Relationships*

- Relationship with myself; relationship with others.
- The capacity for starting and sustaining healthy relationships.
- 'Love' - a solid ground for everything.
- Sorrow and grief in relationships.
- Verbal and non-verbal signals.
- The secret of listening and understanding what others say.
- Accepting, respecting and encouraging others.
- Establishing new friendships; how to overcome shyness.
- What our behaviour expresses to others.
- Making realistic choices.
- Communication as an instrument for cooperation and a healthy lifestyle.

#### *Topic Two: Relationships with the Environment (Internal and External)*

- Looking at the anatomy and physiology of an organism and examining its relationship with external systems.
- Reproductive and nutritional functions.
- Accidents and chronic diseases (first aid, fighting drugs, haemorrhage, trauma, stress, cancer, diabetes, etc).
- Immunisation.
- Pollution (physical, biological, chemical, moral).
- Factors leading to aggression in society.
- Influence of culture on psychological development.

#### *Topic Three: Planning and Management Issues*

- Destiny and fate.
- Freedom to choose.
- Attitudes towards life.
- Methods of evaluating.
- Looking for a job (attitudes, interviews, work relationships).
- Planning a family (choosing a spouse, family style, family networks, parenting, dealing with grief, dealing with happy events, how to prevent stress).

Each year the topics are broadly the same but the content gets 'deeper' as in a spiral curriculum. The level depends not so much on the children's age as on their experience



and previous participation in sessions.

The health messengers spend the second half of the morning in their special project groups. Some children are well established in one particular project area while others prefer to move around different groups.

► ***Support for Trainers, Leaders and Advisers***

The executive director supports those who work with health messengers in the Saturday Club in two main ways; by developing and supplying materials, and by discussions to monitor and evaluate progress.

► ***Materials Production and Distribution***

The HMA produce and distribute a range of materials for training and promotional purposes, as well as health information leaflets. In 1996 a book *Do Respect the Children!* by Eugenia Grosu Popescu was published, explaining the philosophy of the HMA. It was launched in Bucharest and Ploiesti with good media coverage.

► ***Summer Camps***

Summer camps have been a core annual event for the health messengers. The first two camps took place in Brasov in 1992. Since then between 30 and 150 children have been involved in camps in the Danube Delta, Galati, and Olanesti. In the Danube Delta, children living or working on the street and children living in institutions joined the health messengers. There were five summer camps in 1996, three of them focusing on communication skills and two on ecology projects. Olanesti is a spa resort, and the children worked on a clean up campaign for the town.

In 1997 an international summer camp was planned in Sibiu for a total of 39 children, some of them from Switzerland and Austria.

► ***Training Events***

HMA trainers are involved in conducting introductory and training of trainers events both in Bucharest and for other branches. Experience shows that two training events are the minimum requirement for a branch to begin health messenger activities.

► ***The HMA Press Office***

HMA press officers have undergone special training (see below under journalism courses). They support other activities and help to publicise them.

Since September 1996, the press office have broadcast a regular Sunday morning radio show. In addition during 1996 they contributed to over 100 radio and 11 TV programmes. They also publish regularly in newspapers.

## **Health Activities**

► ***Children Against Smoking***

This is arguably the HMA's highest profile and most successful project. It started in

1992 and has been sustained since with the articulate and passionate leadership of Laura Lacatus, who was eight years old at the beginning of the project. One of her grandfathers died of lung cancer and the other suffers from a smoking-related illness but has been persuaded by Laura to quit smoking!

The project group has a core membership of 10 to 15 children. On each campaign day they are joined by other health messengers and school friends. Children in the group undertake different tasks according to their talents; for example, some draw while others communicate with officials. The HMA press office reports the group's activities.

The group's objectives are to lobby for a law against tobacco in Romania including a ban on tobacco advertising. They do this by conducting an anti-tobacco campaign consisting of seven annual campaign days. These take place on the last Saturday of every month with 31 days in it, a concept inspired by the fact that 31 May is designated 'World Anti-Tobacco Day'. It is also the day on which the 'Children Against Smoking' project was launched in 1992 when eight year old Laura addressed politicians in parliament. The group's campaign is focused around the annual World Health Organisation slogan, which in 1994-95 was *'smoking costs more than you think'*; in 1995-96, *'media against smoking'* and in 1996-97, *'sport and art against smoking'*.

The group's strategies target families, individuals and the wider community. At an individual and family level, the emphasis is to provide children and families with information about the effects of smoking; to lobby against smoking in institutions such as hospitals and schools and in public places, through marches, radio programmes and visits to these places; and to influence policy by lobbying politicians.

A great achievement of the group in 1996 was to persuade the director of the Romanian TV station to agree to ban the image of the cigarette when advertised on TV. The children were disappointed that TV advertising has not been banned altogether and are looking for ways to achieve this. They have made an anti-smoking video clip which has been shown on Romanian TV.

A petition containing 250,000 signatures is necessary to pass a law against tobacco. By 1997 the group had collected 13,000 signatures with the help of children throughout Romania.

The group have developed large numbers of posters used on their campaign days and in special meetings. They produce and acquire anti-tobacco merchandise which they use in their campaigns and distribute to others, including overseas organisations such as the 'Smoke Busters' in Scotland. They have created and distributed diplomas for institutions, like the McDonalds restaurant, where smoking is not allowed. They have visited women in maternity wards and given them T-shirts and certificates for their babies born on 31 May, stating their rights as non-smokers. They have run a telephone 'help line' and have produced and distributed leaflets to help people quit smoking.

Laura Lacatus represented the group when she spoke at an international conference

for children in Eastbourne, UK in October 1995.

The current advisor on health matters to the President of Romania is well known to the group. He was formerly the Chief of Surgery at Coltea Hospital, one of the public institutions where the children have lobbied for a no-smoking policy. He has just drafted a law against tobacco for the Minister of Health. This is based on the wording of the petition created by 'Children Against Smoking' which emphasises the protection of children from the negative effects of smoking.

The group has been the longest running and most sustained anti-tobacco group in the country. Members describe the project as 'a snowball... whenever you take action, it adds something to the project. You HAVE to keep going because every day you stand at the station waiting for the bus ... you stand there and you have to breathe the smoke.'

► ***Child-to-Child Courses in Schools***

Health messengers have sometimes been involved in providing or initiating special health education classes in their schools. The topics are usually those which the messengers have studied in their Saturday Club or special project activities.

**Environmental Activities**

The initial environmental activity involved around 50 health messengers who took part in planting a small oak wood near Bucharest with support from the Ministries of Youth and the Environment. Some difficulties arose when a road was built nearby and part of the land was used as a dump. Disappointment over this project led to the establishment of the ***Eco-Detective Agency***.

The core activity, as the name suggests, is to research and investigate 'crimes against nature' such as cutting down trees and polluting rivers. The crimes are identified by the children and by others who contact them. Callers and correspondents to the Hot Heart Line (described below under Communication Activities) have provided information to the children which they then follow up.

Specific activities implemented by the Eco-Detective Agency include:

► ***2044 Spaceship***

This is a small space capsule, which was built for the children by the army. It contains government promises and articles by the children about the protection of the environment. It was buried with great ceremony and publicity in Cismigiu Park in the centre of Bucharest and will be dug up again in 2044.

► ***Endangered Species Procession***

The health messengers organised an exhibition and a procession on the theme of the protection of endangered animal and bird species. The procession was inaugurated by the Mayor of Bucharest. The children marched from Cismigiu Park to the Ministry of the Environment where they chanted slogans and waved the posters and banners they had prepared.

► ***Adoption of the Botanical Garden***

Health messengers have publicised their love for Bucharest's botanical garden. They have monitored the planting, growth and destruction of trees there. When it was discovered that a favourite tree had been cut down and removed by thieves, a health messenger prepared a report which mapped out the garden and showed where there were 'illegal entrances'. She sent this to the Minister of the Environment who had declared himself 'the best friend of the botanical garden'. As a result of the report, the minister made available funds to repair the fences surrounding the garden.

In 1997 the Eco-Detective Agency sought funds for two new projects, a Zoo Fan Club, to publicise and monitor the condition of animals at the zoo; and Save the Songbirds, a campaign to publicise the plight of Romanian songbirds and the need to protect them.

**Communication Activities**

The development of children's communication skills is a fundamental part of the HMA's work. It features in the core curriculum of the Saturday Club activities and forms an important part of some special project activities. These include:

► ***Hot Heart Line***

This has been one of the HMA's largest projects involving around 50 health messengers. Activities have included setting up and running a telephone 'hot line' to answer calls from children and adults about health and social problems. It was active from 1994 to 1996 when the HMA lost its telephone lines.

► ***Events for Special Groups***

The health messengers have arranged parties and shows at Christmas for elderly people, street children and young children from low-income families.

► ***Journalism Courses***

The HMA's journalism courses require participation in six hours of intensive classes and six hours of practical work. The curriculum includes skills in communication for use personally, as a group leader and in the media. The courses have been sponsored by the Ministry of Youth and participants have included teenagers outside the HMA. Many of these have developed a keen interest in the work of the HMA as a result of the courses.

► ***Radio H***

Early in 1997 the HMA secured a room at the Municipal Hospital in which to establish a hospital radio station. The frequency allocated to them will reach several sectors in the city as well as patients in the hospital itself.

The thoughts and feelings of health messengers about their activities, as indicated during a programme review in 1997, appear in Box 2.

## **Box 2: Health Messengers' Responses to Questions by Clare Hanbury, 1997**

*Question: Why have you chosen to be a health messenger?*

- To protect the environment.
- To learn new and interesting things that we can then communicate.
- To make new friends.
- To help people.
- For the pleasure of being in a group.

*Question: What do you most enjoy?*

- Being unified in a group.
- Communicating well.
- Being able to help the environment and society.
- When we are doing and learning new things.
- When the atmosphere is a mixture of childlike activity and seriousness.
- The summer camps!
- The Saturday Clubs (the joy spreads around!).
- When we meet children from different organisations.
- When we have pen friends and meet people from other countries.

*Question: What are the main things you've learned?*

- To communicate with each other.
- How to fight against smoking.
- How people get together for common goals.
- That health should be a priority.
- To enjoy childhood as best as we can.
- To smile a lot.
- To fight our timidity and to overcome emotions.
- How to protect the environment.
- How to help our neighbours.
- Respect for ourselves and others.
- To control ourselves.
- To discover new talents.
- To work in groups.
- How to make a project and watch its evolution.

*Question: What would you like to improve/achieve in the future?*

- To raise the 250,000 signatures for the anti-tobacco law.
- To make ourselves clear when we transmit our messages.
- To have a good audience.
- To meet in shared camps with children from Sweden.
- To have pen friends through other associations.
- To banish indirect smoking adverts.
- To improve our methods by evaluating each action.

## **THE SPREAD OF HEALTH MESSENGERS ASSOCIATIONS**

Other branches of the HMA have been initiated outside Bucharest. They have arisen as a result of former health messengers moving to other parts of the country, through adult enthusiasts coming across the work of the HMA and wanting to replicate it, through the HMA's media activities, through Eugenia Popescu's book *Do Respect the Children!* and through personal contacts of the adults and children in the HMA. In 1997 branches of the HMA were being developed in Brasov, Galati, Ploeisti and Olanesti-Vâlcea. Activities of individual branches are based on local needs and circumstances but the overall emphasis remains on health and environmental issues. Plans are afoot to draw up a checklist of 'minimum requirements for a health messengers' association' to help the development of newly formed groups.

# **West Bank and Gaza: Environmental Health Through the Child-to-Child Approach**

**JULIA GILKES**

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## **INTRODUCTION**

In the Spring of 1996, when Nablus residents turned on the television to watch the news they were both interested and surprised to see local school girls sitting at the large council table in the municipality offices with the Mayor, and discussing environmental issues which concerned them. Television viewers observed the group ask questions, share ideas, discuss challenges and obstacles, and offer solutions about garbage, pollution and urban decay. They saw the girls initiate and organise the interview, having prepared themselves beforehand with key issues for discussion. Importantly, they saw the Mayor listen and give close attention to his young interviewers.

All the girls wore a tin badge with a specially designed logo that during the next few months would become very familiar to the local communities in the town, the refugee camps and the nearby villages. It was the logo of the Child-to-Child approach, with the Nablus Environmental Committee logo, a pair of hands protecting an olive tree under the sun, on a blue background representing water. This logo was to be highlighted on the regular television spots for the voice of local children taking part in an environmental campaign. It was on posters and stickers designed by children found on walls, windows, local transportation, in schools, libraries and community buildings. It appeared on questionnaires, stationery, banners in street demonstrations and resources designed by the children - boys and girls aged from 6 to 14 years; resources which included calendars, covers for exercise books, a story book, a children's board game and a cassette of songs on environmental themes.

## **BACKGROUND**

In late 1995, Israeli troops withdrew from Nablus city, creating another autonomous area for the emerging Palestinian National Authority, after Jericho and Gaza. This offered the local people opportunities to begin rebuilding and renovating the city after nearly 30 years of chronic neglect under military occupation.

Save the Children (SCF) US and UK had been active in the West Bank and Gaza Strip for many years. Their work had focused on developing community approaches to environmental upgrading, and water and sanitation improvements, supporting local non-governmental organisations and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and providing a range of child-focused programmes in kindergartens, schools and after-school activities in clubs and summer

camps. The partnerships between SCF and the local community groups could now be extended to include the various ministries and the local municipality.

During the first six months of 1996, the political, economic and social situations continued to be uncertain and violent, with chronic unemployment near 30 per cent, and the GNP dropping dramatically by 10-12 per cent. Average household incomes dropped by one third.

It was during this period of political change from military occupation to the creation of Palestinian autonomy areas, surrounded by occupied rural areas and increasing Jewish settlement, that the children of Nablus took part in the first Child-to-Child programme in schools and clubs, followed by children in Gaza in the downtown area of Zeitoun.

### **WATER RESOURCE DEVELOPMENT, SANITATION AND ENVIRONMENTAL HEALTH IN THE NORTH OF THE WEST BANK AND IN GAZA CITY**

Save the Children US had funding to support these developments, from USAID in Gaza and the British government in Nablus. This report focuses mainly on the year's programme during 1995-6 to implement improvements in the existing infrastructure in certain neighbourhoods in the poorest areas of Nablus, which also included some refugee camps and a few surrounding villages. Lessons learned from the evaluation of this programme and from the less intensive project in Gaza underpin the new phase planned for 1997.

In partnership with Save the Children US and UK, local communities and non-governmental organisations, the funders and the Palestinian National Authority began planning for vital improvements. Work in the Nablus area centred on four activities; water supply enhancement, sewage disposal, solid waste disposal and environmental health awareness. As a result of SCF's policy of involving women and children in programme development, these groups became active participants in the projects in their communities. In a country that had been occupied for so long, it was also extremely important to demonstrate the sustainability of such projects by the participation of the communities and beneficiaries in all aspects of the planning, design, implementation, monitoring and evaluation of the projects.

Originally the children were to be involved in an awareness raising campaign, aimed at improving the environmental health situation in their schools and communities. With the withdrawal of the military government, SCF was able to visit the schools with colleagues from the new Palestinian Ministry of Education. Health and hygiene facilities in the schools were so neglected and hazardous that the project was extended to include renovation and upgrading of facilities in order to gain the maximum benefit from the campaign.

### **THE CHILD-TO-CHILD APPROACH TO ENVIRONMENTAL HEALTH**

The project was innovative in a number of ways:

- Children were to be central and active in developing the focus of the



environmental campaign, by offering positive contributions to the health status of their schools, their homes and their communities.

- Through the Child-to-Child approach, attitudes to children in the society would be challenged. Through their involvement in activities children showed their potential for creative thinking and problem solving, their increased confidence and self-esteem, their joy in learning, and their sense of fun in expressing their learning through art, drama and music. Their maturity in tackling some tough issues within the community was also evident.
- Opportunities would be provided for children's voices to be heard in a society that rarely includes children in decision-making, and this involved new strategies that were difficult to imagine under military occupation. These included a key partnership with the new television and radio channels, changes in school activities and relationships with teachers, and a community environmental committee to work through emerging obstacles together and ensure the success of these changes.
- The partnership between the Palestinian National Authority, the local municipality, local non-governmental organisations (NGOs), academic institutions, women's groups, children themselves and an international organisation, offered a way forward to work together to create a more democratic approach to sustainable development with women and children involved in the decision-making processes.
- The project also deepened the dialogue on the need for a new approach for a Palestinian curriculum, with incorporation of more active learning methods, changes in teacher training and closer school and community links. It demonstrated the essential holistic approach to children's learning potential.

## **PLANNING THE PROJECT**

### **The Steering Committee: October to December 1995**

The steering committee was established following an orientation meeting with a wide range of potential partners who work with children in the formal and non formal sectors, with environmental organisations recently established to raise awareness of the potential hazards in society following withdrawal of Israeli troops, with the media and with academics from the University. Men and women were equally represented on the committee which took responsibility for overseeing:

- The budget and funding contributed by the British Overseas Development Administration (ODA) and by the community;
- Training for teachers and supervisors in the Child-to-Child approach;
- Improvement of health facilities in schools;

- Conversion of garbage dumping areas to municipal green areas;
- Promotion of the environmental health campaign and festival.

The success of the committee was fundamental to the implementation of the project. There were several initial problems. Due to the economic situation some organisations and neighbourhoods withdrew as they felt unable to continue in a voluntary, unpaid capacity. Some organisations did not acknowledge that the commitment undertaken should be achieved during time planned for this purpose in the working day, and that staff should not be expected to take on additional responsibilities after a long working day. (For women with heavy home and child care responsibilities this is particularly problematic.) There was also a high expectation to follow up the work at monthly meetings, to monitor progress and solve problems. This situation was resolved by the recruitment of two early childhood coordinators who were free of charge and acceptable to both schools and neighbourhood groups. Their role was to visit adults and children, to work together on problems and to share experiences with the partners involved and feed back to the steering committee.

### **The Supervisors of the Project**

An inspector of schools, a university professor and the two early childhood (EC) coordinators mentioned above supervised and monitored the progress of the work. The two EC coordinators had responsibility for visiting the villages and neighbourhood committees, coordinating with the television station, reporting to the steering committee, purchasing and distributing materials, and working with the children and teachers.

The motivation and commitment of the two women coordinators, supported by the Nablus SCF office and the steering committee, contributed greatly to the success of the project. Both were experienced in supervising early childhood projects, and familiar with open learning approaches through play and investigation, with team building for teachers and with involvement of parents and community workshops.

### **The Project Participants: the Schools, the Communities, the Children**

The committee selected the areas where the project was to be located following extensive investigation with ministries, municipalities and the SCF coordinators. Eight schools were selected in the city, including two in refugee camps; six were girls' schools and two boys' schools. Five neighbourhood clubs took part, two for boys, one for girls and two mixed. Four hundred and forty-four children took part in the campaign; 304 girls and 140 boys. During the summer vacation, there were Child-to-Child activities in six summer camps, involving a further 350 children. Some schools withdrew due to curriculum demands and lack of flexibility to change schedules. The teachers had to take on the new initiative with no reduction in their existing workloads or extra salary. Some adults felt unable to take the crucial risky step of believing and trusting the potential of the children to take a clear lead in developments, so they too withdrew.

### **The Environmental Campaign Logo**

There was a local competition, advertised in the newspaper, to find a suitable design

for the project. Professional companies and many adults were interested in the project, but the successful winner was an art student at Al-Najah University, who received a prize of \$100. The media were very cooperative in supporting the committee with advertisements and articles to inform the community about the proposed project. They also publicised the logo in order to raise awareness in the community of the expected mobilisation of children within the town. The environmental campaign logo, with the Child-to-Child logo, would be used to identify all project demonstrations and activities.

### **The Training for Child-to-Child: January 1996**

One of the challenges of introducing Child-to-Child to communities lies in the nature of the learning approach which moves away from adult direction and teaching, towards a participatory approach based on children's interests and enthusiasms. This approach promotes an adult/child partnership in which the adults adopt a more facilitating, enabling role which encourages children to be involved in decision-making and conflict resolution. This approach is reflected in the training. The challenge for adults who work with children in a formal information-giving approach, which is tied to a rigid, out-of-date curriculum, is met head-on in the training for Child-to-Child.

The training was prepared by the SCF team. One of the EC coordinators had extensive training experience in this more active approach, while the SCF infrastructure coordinator was for the first time to reinforce his training on water resource development, sanitation and environmental health projects with a child-focused component. He had become convinced that the integration of environmental awareness with the installation of new infrastructures in communities would foster more sustainability and success in the long term. A British SCF adviser on early childhood, who worked in both Nablus and Gaza, completed the team.

Twenty-two teachers and children's workers took part in the training in January 1996. The Deputy Minister of Education attended the first day and expressed his support for the programme. The training agenda included:

- Partnerships between the various agencies;
- Identifying the wide range of environmental problems in the Nablus area;
- Introduction to the SCF/ODA project;
- The philosophy and methodology of Child-to-Child;
- Activities for children in the classroom and community which involve investigation, recording and sharing of knowledge and skills;
- Designing a project with the children;
- The plan of action for the environmental programme and where Child-to-Child fitted in;

- Identification of support groups during the project;
- Follow up of the training;
- Reporting to the committee;
- Evaluation of the training.

The materials used included the Arabic editions of the Child-to-Child Resource Books 1 and 2 and the Child-to-Child readers (published by the Arab Resource Collective in Nicosia) and videos in English from the Child-to-Child Trust. Examples of children's work from Burj El-Barajneh, Beirut, were on display to provide an Arabic experience, as much of the Trust's experience is drawn from India and Africa. Local low-cost waste materials were gathered before the training to be used in art work and recording activities and as drama resources. The Child-to-Child Training Pack was very useful. It offered a variety of methods for training, contained many examples of successful activities to support the change from a didactic teaching approach, and had a range of guidelines on the different levels of evaluation.

### **CHALLENGES IN THE TRAINING ACTIVITIES**

It was the first time that teachers had taken part in a training workshop with other children's workers. The latter group included community based rehabilitation (CBR) workers, all of whom were young women working with disabled children and their families. There were several early childhood supervisors, a health worker, a university lecturer, a local mother involved in voluntary neighbourhood work, and inspectors from the Education Department. In a hierarchical society, this might have presented some tensions. In fact the Child-to-Child active learning approach, coupled with the facilitating skills of the young SCF coordinator, quickly brought the group into a laughing, interested and fairly open group, who were willing to experiment in the group work, present feedback and use unfamiliar junk materials to produce scenes of local polluted and hazardous landscapes. There was a need to draw attention to good listening from time to time, as this is not a well-practised skill.

There were, however, several lessons learned which will be taken into account in the next phase:

- The training had to take place in the first few days of Ramadan, in January, with no heating and no refreshments. There was a desire amongst participants to return home quickly at the end of sessions, which reduced opportunities for informal discussions whilst clearing up.
- Some teachers had been selected by head teachers without enough thought as to their suitability or motivation.
- An orientation for head teachers and administrators of NGOs would be most

useful, prior to selection of schools and clubs etc.

- Three days were insufficient for a deep orientation, although regular meetings followed up the three days.
- The training would have been more useful in the summer holidays or early autumn to ensure plenty of time for development of the ideas in the least pressured period of the academic year. The real work with the children began in March and the prospect of exams in May was ever present. The reasons for the late start stemmed from the time taken to set up the committee, and coordination and liaison with ministries and NGOs, all of which took more time than was anticipated. In addition, as the town moved towards autonomy there was political tension, with increased violence and retaliation.
- Other levels of training were needed to equip the adults involved with new ideas and allow for first hand experience of using innovative ways of recording and documentation, of involving children in designing wall displays in classrooms and school corridors etc., and of collecting and using 'beautiful junk' for art, puppetry and drama - subjects absent from the formal curriculum. Workshops on communication with children and with parents, and more on monitoring and evaluation would also have been useful.
- The two EC coordinators were appointed after the training. It would have been useful to have recruited them earlier, in order to involve them in planning the training.

#### **THE CHILDREN AND THEIR ACTIVITIES: MARCH-JULY 1996**

The children in the school settings involved in Child-to-Child numbered between 25 to 40 in each school, working in small groups. The schools overcame the difficulties of environmental issues being introduced in school time in a novel way. They spent two hours a week of school time on the project. The five minute breaks between lessons were cut and the lunch break reduced during the preparation time of the project. As the children prepared their activities for demonstration, the lunch hour was increased to provide time for passing on their messages. Homework patterns changed with children involved in surveys, information gathering from family and neighbourhood and from other students, songwriting, creating stories and so on. Parents commented on the change of attitude and motivation of their children and wanted to know more about Child-to-Child.

The range of subjects addressed by the children included:

#### **Solid Waste Disposal**

The infrastructure programme is responsible for distributing dumpsters in the streets for garbage. Most streets have inadequate containers and garbage usually spills into the street, while flocks of goats, wild cats and dogs, and other pests contribute to the hazards around the dumpsters.

### **Clean Water**

Children and women collect water from renovated wells and springs. Donkeys and flocks of goats often pollute the water. Water is a precious commodity in the West Bank as so much of it is diverted by the Israelis to the settlements and into Israel itself.

### **Street Food**

Both unclean, uncovered food and food with expired dates for consumption are common, and many street stalls are set up outside schools.

### **Hygiene Facilities in Schools**

As a result of neglect during the military occupation, many schools are in very poor condition with appalling sanitation and handwashing facilities.

### **Smoking**

A high proportion of the community, including women, smoke heavily since smoking is a coping strategy for many Palestinians living in difficult circumstances.

### **Road Accidents**

Transportation is fairly old, roads are badly surfaced and traffic is heavy and fast. Years of avoiding military patrols by highspeed and reckless driving, and the absence of traffic lights, pedestrian crossings and traffic police, have contributed to the high levels of accidents.

**Table 1 offers an insight into the programmes developed by the children.**

The Child-to-Child environmental health campaign was strengthened by several competitions open to all children. There was a **Painting Competition** which attracted 80 children. Following an exhibition, attended by families, other children and members of the community, four paintings were selected to be used in the campaign as posters and stickers. Four thousand copies were printed and distributed around the city, and displayed in schools, hospitals, shops and so on. The subjects included street food, clean-up the neighbourhood campaigns, smoking and personal hygiene.

A **Write a Story Competition** interested 12 children. The story selected concerned the degradation of a kingdom and the activities which would lead to sustainable care for the environment. Fifteen children entered the competition to design the illustrations. One child's efforts were selected and 1,000 books were produced and distributed to schools and to local environmental and childhood organisations.

**Designing a Calendar for 1997** was very popular and 100 children took part in the competition. Twelve winning entries were selected for the first Environmental Health Calendar for Nablus, for 1997. These were sold to local banks or distributed to environmental and children's organisations.

One child created a good idea for a **group board game based upon environmental issues**. Five thousand copies have been produced by a professional company for

**Table 1: Analysis of Programmes Developed by Children**

District	Participants	No. of Children		Theme	Activities	Resources Produced	Change in Community	Contribution to Festival
Nablus	Al-Karamel School	Male	Female	Personal hygiene. Renovation of school and surrounding area; clean-up campaign.	Visited shops to raise issue of expiry dates and uncovered food. Visited mayor re school situation. Imposed fines for littering playground. Made drawings of how to use bathrooms. Demonstration.	Garbage containers. Paintings on school walls. Play. Posters.	Cleaner bathrooms, playground and school area. Stairs and hole in playground repaired.	Play. Posters.
			35					
Nablus	Balata School		40	Personal hygiene and general cleanliness. Use of dumpsters in community.	Interviewed manager of refugee camp to discuss cleaning up community. Demonstration.	Paintings. Posters. Songs.	School cleaner. Cafeteria cleaner and more organised.	Posters. Songs.
Nablus	Asker School		40	Conservation and cleanliness of water. Personal hygiene and brushing of teeth.	Show about environmental issues - invited UNRWA and the community to attend. Drawings on school walls. Demonstration.	Drawings on walls. Play. Posters. Songs.	School much cleaner. Asker school has two shifts and the campaign affected both of them as all students worked together.	Posters. Short story. Songs.
Nablus	El-Ma'ari School	30		Uncovered food. Cleaning of bathrooms. Ridding school of rats.	Visited municipality to discuss situation and ask for workers to help with cleaning. Planting of school garden.	Decorations from recycled crisp and sweet wrappers. Play. Posters. Songs.	Municipality laid poison to kill rats. Bathrooms repaired.	Play. Posters. Songs.

Nablus	El-Rhazzeh School	30		Hygiene, including bathrooms.	Clean-up campaign. Posters.	Posters.	Cleaner school and bathrooms.	Posters.
Iskaka	Iskaka Environmental Club		24	Causes and treatment of diarrhoea.	Discussions with community on how to avoid getting diarrhoea.	Play.	To be followed up at health clinic.	Play.
Talfeet	Talfeet Environmental Club		35	Keep village clean.	Demonstrations. Paintings on walls in village. Play.	Banners.	Cleaner and brighter village.	Play.
Deir Sharaf	Deir Sharaf Environmental Club	30	25	Environmental hazards at quarry and farms.	Visited Ministry of Education about cracks in school caused by activities of construction companies at quarry. Visited Ministry of Health to discuss dangers of insects and pests from nearby turkey farms.	Demonstrations. Festival in village. Posters.	Promise by municipality to look into moving construction companies to another area. Promise by Ministry of Education to repair cracks in school ceiling.	Poems. Posters.
Nablus	El-Habaleh	10	10	Personal hygiene. Clean neighbourhood.	Clean-up campaign. Visits to shops to discuss uncovered food and expiry dates. Visit to hospital to question doctors about diseases caused by smoking etc.	Posters in schools and hospital. Songs.	Cleaner neighbourhood.	Song.
Nablus	El-Yasminah	40		Cleaner neighbourhood.	Demonstration. Posters in streets.	Posters.	Cleaner and brighter neighbourhood.	Mime (silent play).



kindergartens, schools and clubs. The game is for four players, with cards containing positive and negative messages which enable the player either to move forward or retreat to the beginning.

Adapting well known songs caught the imagination of the children. The efforts of three schools were selected to create 5,000 **environmental song cassettes** with messages about teeth, caring for the environment, saving water and personal hygiene.

### **Involving the Media**

The committee worked with an advertising designer, using ideas expressed in the children's art work and story book, to create seven advertisements for Palestine Radio which were transmitted free of charge throughout the campaign.

Fourteen hours of television coverage were achieved throughout the campaign and the festival which completed the year's project. Demonstrations, drama and music performances and the final party at the festival were filmed and shown on the local station network.

One hundred and twenty photographs were taken of the various events with the support of the television station.

A video cassette has been edited for use in further training events, not only in the West Bank and Gaza, but throughout the Arab world. It will enrich the existing Trust material, by introducing an Arab experience.

### **Completing the Campaign**

The children began their investigations into local environmental hazards in March 1996. In July, there was a whole week of activities throughout the city, in streets, in clubs, in libraries and in schools. The community was exposed to a kaleidoscope of colour, pattern, texture, song, dance and drama through television, radio and posters, and through the children themselves performing in groups for other children, for their families and for their communities.

The finale was a unique and unprecedented day of performance, with refreshments and prize giving in a huge hall spilling over with art work on all the walls and with crowds of excited children (450), confident to share their learning in a variety of creative ways to a huge audience of hundreds of people. A young adolescent girl refugee from one of the camps was mistress of ceremonies, managing the audience with a breathtaking confidence and pride. Girls performed the songs wearing their traditional, beautifully embroidered full length dresses, standing so straight and dignified, but with a warmth and sense of happiness and fun. A nine year old boy had the hall resounding with helpless laughter as he acted the part of the injured pride of a street seller being boycotted for not covering up the sweets on his stall. A group of girls presented a skit about the ill health of a child in a refugee camp; their sincerity and their keen observation of adult behaviour brought a lump to the throat as they became their mothers, their grandmothers and their neighbours. New messages relating to child

health were conveyed using the strength of a traditional method of neighbourhood communication, the local women's group.

At the end of the prizegiving and celebration there was an air of satisfaction tinged with sadness. The adults and the children had worked very hard, adopting innovative methods of learning and sharing their learning. There had been community back-up with statutory and voluntary organisations working together in partnership. The newly established media networks were keen to support the initiative. How was the project evaluated? What would be sustainable?

## **EVALUATION**

There was ongoing monitoring throughout the project, by direct observation, committee meetings, reports, field visits by the supervisors and a final video tape of the activities presented by the children during the campaign week. Focus group discussions, conducted by the supervisors, took place at each site with the children, the teachers and the other children's workers. A final workshop took place involving SCF, the committee, the supervisors and the adults in the project. Unfortunately no children were involved in this.

As a result of the different levels of evaluation the following issues were emphasised:

- The children loved the approach, were highly motivated, enthusiastic and very creative.
- The children achieved far more than the adults had expected and had demonstrated their ability to think for themselves and offer their opinions in culturally appropriate ways.
- The confidence and self-esteem of children improved, and this was particularly demonstrated in their interactions with the community and people of responsibility in the city.
- New relationships developed between the children and the adults, especially in the school settings.
- Relationships between the children fostered cooperation rather than competition.
- Children began to be aware that school could offer more than an academic programme.
- The Child-to-Child approach contributed to a more holistic development of the children, with increased opportunities for non-academic activities, which focused on relationships, creativity, and communication skills.
- A more open form of learning emerged with children developing assessment and evaluation skills, problem-solving and critical analysis skills.

- The children's activities had a positive impact on public officials, in the municipality and Ministries of Health and Education, with the result that more school cleaners were employed, there was increased cleanliness in lavatory blocks, rat poison was laid down to eradicate rodents and school cafeterias were improved.
- By involving the community, school and community relationships were enriched.
- Neighbourhoods and school environments showed marked improvements in standards of cleanliness.

The evaluation meetings also raised issues of sustainability and it was recommended that the Child-to-Child programme be developed over three years to evaluate its progress and sustainability.

The committee received many contributions from the public during the campaign. It has now formalised its constitution, elected a president, secretary and treasurer for the coming year and begun to seek its own funding and to work independently of SCF. As SCF introduces the approach to a new district in the north, and develops the programme in Gaza, there is a wealth of Palestinian experience to consult and exchange, with the Arabic resources created in Nablus enriching those of the Child-to-Child Trust.

The Ministry of Education encouraged schools during the project, particularly with flexibility in school time, involvement of the supervisors on school premises and contributions to the improvement of school facilities. School inspectors for the Government and for UNRWA were involved, so there is now an opportunity for change to be implemented in the school curriculum. It has been recommended that an environmental health class be adopted by all schools.

The newly established media were extremely supportive to the project. New radio programmes on the environment have been broadcast; a member of the committee was interviewed on the first programme to share his knowledge on severe water problems. Requests are coming in from other communities for help from the committee and the radio station to set up a similar Child-to-Child project in their areas.

SCF has other programmes in early childhood development and agriculture, and it is expected that the committee will make contributions to environmental issues in these programmes. Already, there is a small scheme in some schools to establish gardens and shady tree areas.

As the Child-to-Child work expands, it is expected that children will be given an even greater role, with older children assisting younger children in organising their own groups. It is also hoped that there will be more autonomy for children in summer camp programmes as the youth leader training develops.

## **NETWORKING FOR CHILD-TO-CHILD ACROSS THE ARAB REGION**

In late 1996, the Arab Resource Collective, who publish the Child-to-Child materials in Arabic and promote the approach in the Arab world, held a Regional Consultative Workshop in Cyprus, funded by the World University Service. Participants from across the region, some already active in the Child-to-Child approach, and others interested in exploring its potential, met to consider a plan of action. Colleagues from the West Bank and Gaza attended, displaying the children's work and introducing the videos.

Following the Regional Consultative Workshop, a group of people from NGOs working in the Galilee, Golan and the Negev met with the SCF adviser to discuss their interest in Child-to-Child. This group will have the support of the Palestinian experience in the West Bank and Gaza to draw on, as well as their resources for use in orientation workshops. They have been requested by the Arab Resource Collective to evaluate the translated Child-to-Child materials during their workshops, to provide feedback which identifies their strengths and relevance to the Arab culture and indicate where changes and improvements are needed. In the future development of Child-to-Child across the region there is now an opportunity to design first hand Arabic materials drawn from the existing and emerging projects, and particularly reflecting children's opinions and experiences as well as those of adults.

The Child-to-Child approach is one of several approaches and programmes being developed through the Arab Resource Collective. These include Early Childhood Education and Care, Children's Rights( particularly their opinions and participation), and Training for Transformation, all of which support the reappraisal of the education, recreation and development of the Arab child in a region in transition, moving towards the twenty-first century.

# **Yemen: A Common Thread: Rädä Barnen's Support for the Development of Child-to-Child**

## **PRUE CHALKER**

Prue Chalker is a teacher and adviser on disability issues. She has undertaken training and programme review consultancies on behalf of the Child-to-Child Trust. She lived in the Yemen Arab Republic in 1992-3, and returned in 1996 to carry out a programme review with Rädä Barnen.

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## **INTRODUCTION**

The Yemen Arab Republic and the People's Democratic Republic of Yemen were unified in 1990 to become the Republic of Yemen. A brief but brutal civil war in 1994 assured the ascendancy of one political system over the whole country, and the exertion of strong influence by Islamic parties. The southern governorates of Yemen have been most directly, and adversely, affected by the civil war.

During this period, Rädä Barnen has encouraged and supported the development of Child-to-Child activities in primary schools in different parts of the country, as a way of helping children in difficult circumstances. In Yemen this has meant in particular those children whose lives have been disrupted by war, and children with disabilities.

This chapter first describes the development of Child-to-Child in Taiz, the most southerly city of the former Yemen Arab Republic. It then looks at the more recent initiative in the southern governorates which were formerly part of the People's Democratic Republic of Yemen, and concentrates on schools in Aden.

## **CHILD-TO-CHILD IN TAIZ**

In October 1992, UNICEF, Sana'a sponsored a workshop to introduce the concept of Child-to-Child to representatives from the Ministry of Insurance, Social Affairs and Labour, the Ministry of Health, the Ministry of Education including the School Health Department, the Ministry of Culture, selected schools and preschools, and representatives and staff of international non-governmental organisations, including Rädä Barnen. The workshop was organised in conjunction with the Child-to-Child Trust in London.

Out of this initial workshop a pilot project called 'Pupil-to-Family' was developed with seed money from Rädä Barnen. (The name 'Pupil-to-Family' was preferred because 'Child-to-Child' sounded too radical.) Pupil-to-Family was initiated by a public health official working in primary health care for Rädä Barnen. Teachers from four schools who had attended the workshop developed activities to improve health education within the schools, and to reach out to the wider community through local newspapers, magazines and radio broadcasts.

### **A Child-to-Child Association**

However the 'real' start of Child-to-Child activities is attributed to a dynamic female head teacher of a large girls' school. With sponsorship from Radda Barnen, she attended another workshop on Child-to-Child in December 1993 organised by the Arab Resource Collective in Lebanon. A Child-to-Child Association was subsequently formed in Taiz in April 1994 (see Box 1).

In 1996 there were six member schools, and there is provision for other schools in Taiz to join if they wish. There is a continuous round of initial and upgrading training events, most of which are financed by school funds.

### **RÄDDA BARNEN'S INITIATIVE IN THE SOUTHERN GOVERNORATES**

The Child-to-Child programme in Yemen, especially in the southern governorates, is rooted in the context of a society undergoing major political changes, and recovering from a civil war, the aftermath of which is still a daily reality two years later. Unexploded land mines remain a hazard, and the battered infrastructure is a constant reminder of the traumatic events of the war. During the war, many schools were looted and stripped bare. The Government has had few resources to repair the damage.

It was in response to this situation that, as part of their mandate to work with groups of vulnerable children, Radda Barnen offered support to the Ministry of Education in Aden. The key components agreed with the Ministry of Education were to support the community to rehabilitate the preschools in Aden; to start a mines awareness campaign; to hold workshops on the psychological effects of the war; and to introduce the Child-to-Child approach, starting in the three districts most affected by the war in Aden, and then spreading out to other southern governorates.

As described above, since 1992 Radda Barnen has given support to Child-to-Child activities in schools in the city of Taiz, some 150 kilometres north of Aden. The Child-to-Child programme implemented in Taiz was modest in scale but nevertheless provided a model of good practice. A core of teachers from Taiz, experienced in the Child-to-Child approach, were available to introduce Child-to-Child to schools in Aden. They helped run the first workshop held in the southern part of Yemen, in November 1994, with the support of a Radda Barnen consultant.

Since then, Radda Barnen has organised training workshops and follow-up events for approximately 40 schools in Aden, Lahej, Abyan and Mukallah governorates. The schools, nominated by the Ministry of Education for inclusion in the programme, were all in areas badly affected by the war. Selection started in Al-Shaab, the worst affected district in Aden. Schools were selected in clusters of five, so that inter-school support was possible. Radda Barnen recommended that participants in the training workshops should include teachers whose subjects could most readily incorporate the Child-to-Child approach, such as science, religious education and Arabic language. School social workers were also encouraged to attend, as were head teachers and/or their deputies.

### **Box 1: An Account by Galela Shugaa, Chairperson of the Child-to-Child Association in Taiz**

Two years ago, in 1994, the Child-to-Child Association was established in Taiz. This was after I had attended a Child-to-Child workshop in Lebanon. The Child-to-Child Trust in London had sent the two Child-to-Child resource books in Arabic to us. We used these as a basis to start the association. Initially three schools were involved, then a fourth school joined, and now there are six Child-to-Child schools, out of 23 schools in Taiz. The age range in schools is from 6 to 18/19 years. Schools are large, for example, my school has 4,400 pupils. There are two shifts a day, with separate teachers for each shift.

This is how we implemented Child-to-Child. The first step was to hold a workshop for 20 teachers from three schools. The six-step approach was used to think about how the Child-to-Child approach could be introduced into the schools. Three main questions came out of the workshop:

1. How could Child-to-Child awareness enter into the life of the school? (Suggestions were through the school assembly, and in teachers' meetings and parents' meetings.)
2. What materials were needed?
3. What were priority topics for Child-to-Child activities?

The outcome was that the three schools chose the following topics:

- Children's feelings.
- Road safety.
- How to identify and help children with disabilities (particularly those with hearing impairments).

Each school worked on one topic for two months, then another meeting was held to discuss the activities and problems encountered. Questions raised were:

- How many children understood what Child-to-Child was?
- How many children were actively involved?
- What activities took place outside the classroom?

Then each school tried again with another one of the three activities, until each school had experience of all three activities. Children visited the other schools to exchange experience. They did this by sharing stories and songs and through role play. This was the first year's activity.

The children who had been the best and most active in Child-to-Child in the previous year were chosen as team leaders. The teams then undertook activities *without* teachers. Children chose, as a priority, to investigate children injured by playing with weapons. Their activities were recorded on video as a way of monitoring what happened.

Children visited the police station, and asked for statistics of children injured by bombs and weapons. The girls were told that almost every day children were killed or injured, mostly in their own homes, because that is where weapons are commonly kept. Traditionally weapons are fired at important events, such as weddings. This has often resulted in deaths and injuries, particularly of children.

Children visited families. They met with some negative responses, for example, 'It's very strange for children - particularly girls - to be coming around and asking about such things.' One father said, 'We must keep weapons in our homes for honour and strength.' Others felt that it was politically too sensitive to reply to questions about weapons, and they did not want to be involved. However, by the end of three months' activity, fathers were coming up with solutions, such as storing weapons out of children's reach. There has also been a reduction in the firing of weapons at weddings.

Children also identified working with children with disabilities as a priority. They did a household survey and found that, out of 3,200 families, there were 98 children with disabilities, and 50 children aged between 4 and 13 years had hearing impairments. From this activity the Centre for Children with Hearing Impairments was started. In March 1996, the children from the Child-to-Child schools held a workshop at the centre to introduce Child-to-Child to the children there. All the trainers were children. Three children from each school were chosen, and were supported by one of their teachers. The workshop was considered a great success by all the children. A video was made of it. One child who is disabled said that the workshop was 'like a flower opening and spreading out its scent'.

New priorities have been identified. Water shortages are a real problem in Taiz. Most people now have to buy water. Children have worked on activities highlighting the problems that this is causing. Apart from the immediate concerns for hygiene, children have noticed the number of accidents caused by children snatching water containers from the back of delivery lorries, and injuries to children crossing roads carrying heavy buckets of water.

The preparation for many activities takes place out of school time. Children work as a group. They make 'radio' programmes for the school assembly. They role play Child-to-Child stories during assembly. One example was the story about diseases from flies. All children are involved in Child-to-Child activities in the school, but only some girls are able to go into the community. Activities are of differing length, depending on the activity itself. For example, the weapons activity took place over three months.

It is the school's policy to help students make the best use of their talents. Some girls need to be encouraged to be more confident. One girl was very shy though extremely clever. We asked her to be one of the trainers for the workshop at the Centre for Children with Hearing Impairments. She has totally changed. She's so confident. Her father says she was better before! One girl who is deaf was very shy and always hid herself. Since she's been at the centre she's changed. Her mother told me that now, when they have guests, her daughter comes to introduce herself.

What did I want to achieve two years ago? A new way of teaching and learning. I think we are on our way.

### **The Importance of Training and Staff Development**

Trainers responsible for introducing and supporting Child-to-Child activities in schools throughout the southern governorates have been carefully chosen and prepared. New trainers are drawn from participants at introductory workshops who subsequently show strong interest in the Child-to-Child programme. They undergo three days of intensive preparation prior to acting as trainers. At the end of every workshop, participants



choose a 'working team' including one or two participants from every school. The aim of each team is to promote and support Child-to-Child activities in their cluster of schools.

The commitment of Child-to-Child trainers and Radda Barnen's policy to upgrade the skills of local people through ongoing training and follow-up events have been crucial in ensuring successful continuation of this programme in the southern governorates.

### **Schools in Aden**

As previously mentioned, most of the schools chosen for the Child-to-Child programme suffered severe damage during the war. Many were looted, and were subsequently without water as a result of damaged water pipes. Textbooks were destroyed, and it took time before replacements were printed. Unexploded land mines continue to threaten lives.

The impact of Child-to-Child on the lives of those caught up in these difficult circumstances is best described by the people themselves. The following extracts are taken from interviews held with head teachers, teachers, parents and children in six of the schools where the Child-to-Child approach has been adopted and implemented.

### **Al-Bahamish School**

Al-Bahamish School was built during the British era, and has a good reputation. It is a girls-only school. The children have made their own Child-to-Child badges and some imaginative visual aids. The latter include models of houses, some with window netting to protect against mosquitoes where the occupants are happy, and others without netting, where occupants are blotchy with mosquito bites. The 'six steps to Child-to-Child' are posted outside every class. Both the head teacher and deputy head express enthusiasm for Child-to-Child. Five members of staff attended an introductory workshop in April 1995.

*The teacher most actively involved with Child-to-Child commented, 'I attended a Child-to-Child workshop a year ago, but I was not clear about what to do. But when I read more, I began to understand more deeply. The first topic was cleanliness, which is an ongoing topic. This was chosen by the teachers. The school is close to stagnant water, so children identified mosquitoes breeding and malaria as the next topic to tackle. Children did a survey on cases of malaria by asking class by class, and going to families. They recorded the number of cases. They gave advice on netting windows. Some 13 and 14 year old girls took the initiative and gave health education talks to first and second years.*

*'There are eight Child-to-Child volunteers in each class. Every team has a group leader, and tasks are shared, so for example, one group undertakes to make posters, another group makes home visits after school. Now most Child-to-Child activity is an extracurricular activity, but since the most recent Child-to-Child workshop (April 1996), I see more clearly how it can be incorporated into a range of subjects.*

*'Morning assembly is used as a time for Child-to-Child messages, and some activities, like helping to refence the school and identifying sources of stagnant water, have taken place in school time, but most Child-to-Child activities take place out of school.'*

One mother, and some of the girls, remarked that there was little for girls to do in their free time and that Child-to-Child enables them to take on more responsibilities. For example, children in the school have suggested fund-raising to build a playground for all the neighbourhood children, as there are so few safe play areas in Aden. Child-to-Child also provides an outlet for creative activities. Older girls have been keen to share knowledge with younger pupils.

The deputy head reflected that the school was already well organised, but felt that Child-to-Child had enhanced what was already good practice. She contrasted her present experience with her previous position in the adjacent boys' school, where 'life was very difficult'. The teachers agreed that having a supportive head made an enormous difference because 'things can get done'.

### **Al-Basatin School**

Al-Basatin is a township in Aden for people of Yemeni origin, many of whom have returned after several generations of living in Somalia. Some have also come from other African countries, Saudi Arabia and the Gulf States. For many, Arabic is no longer their first language, and in most respects their culture reflects the country from which they have returned. Al-Basatin is a poor area, with a feeling of impermanence. The first school built by the community was partially destroyed in the war, so another was built. This school is like an oasis in the desert, with a garden full of flowers and pictures on the outside walls of scenes from Africa.

*The head teacher explained, 'At first the idea seemed very unfamiliar - a child giving a message to another child. Then I understood it like a series, from teacher to child, to child to family and community.'*

*One teacher said, 'After we had attended the first Child-to-Child training, we had our own course in the school. Each of the teachers who had knowledge of Child-to-Child discussed a health topic with other teachers. They taught health topics to the children. We had many posters from the workshop to help to explain topics, like how to look after a child with fever, and how to make ORS.'*

*'Two months after the workshop, and once the examinations were over, we decided to take these health messages to the families. Al-Basatin township is divided into 12 blocks, each with a maximum of 400 families and a minimum of 150 families. I went with 12 children. We took stories and pictures. We wanted to take messages to children who weren't in school. It was important for teachers to be with the children to explain the mission to the adults that the children had come to give health messages.'*

*'The most pressing need was to raise awareness about mines, as this area had been a conflict zone in the war. But also people didn't know about the symptoms of malaria, and how to help a child with fever, or what to do about diarrhoea and making ORS. People here are very poor, and it is often difficult for them to get medical help. Anyway, some people said, "What are you doing. We are poor. It is a luxury for us to listen to these messages." But other families welcomed us, and the children took other children to a corner and read them stories, like the one about flies and diseases. After that, some parents came to the school and thanked us.'*

*Another teacher added, 'As all the teachers know about Child-to-Child, activities are included in health education lessons, and health topics such as cleanliness are included in other subjects. For instance, I teach religious studies, and cleanliness is part of our faith. The teacher of Arabic incorporates health messages into the stories.*

*'We have a team of 40 children involved with Child-to-Child activities in the morning school. We have concentrated in the morning with younger children, as their habits are easier to change than older children. The Child-to-Child teams visit classrooms to see if the rooms are clean. If they are not, then they help the children to pick up litter. They feel responsible for younger children, and do things like check that their fingernails are clean.'*

*Badira, who is seven, knows how to care for a child with fever. She said, 'If I have a friend who is sick, then I'll look after her. One child can help another child.'*

*Hassan said, 'I can make sure that my younger brother is clean when he comes to school.*

*'We went home visiting, and advised parents on how to make ORS. We were well received and we felt happy.*

*'I visited families and warned them not to let their children play on the outskirts of the town, because there are mines, and the children could be killed.'*

Initially, three teachers attended an introductory workshop in March 1995. This was followed in June by a workshop which included all the staff. This may be a contributory reason for the enthusiasm in the school for Child-to-Child. A recent highlight was a Child-to-Child concert which was attended by over 400 people from Al-Basatin township.

### **Al-Quds School**

Al-Quds School is in Al-Shaab district, one of the areas most affected by the war because it was in the middle of a conflict zone. The head teacher and staff were involved in the first Child-to-Child workshop organised in Aden in November 1994. The head teacher has subsequently become a trainer and a member of the committee for the proposed Child-to-Child Association for Aden. Step by step, the Child-to-Child approach has become an integral part of the life of the school.

*Some of the children explained the process, 'The head teacher told us about Child-to-Child, and asked for volunteers to make Child-to-Child groups. At first, we only did things in assembly, like gave health messages. Later she brought us some booklets and stories. So then if a teacher was absent, we'd use this opportunity to tell stories and give instructions to the children in that class.*

*'The social worker helps us, and the head teacher helps us to decide on topics, but most of the ideas come from us now.*

*'Before we knew about Child-to-Child, in our hygiene class we were only doing lessons. It was book work. We learned things by heart, and we got good marks if we did that. Now we are doing practical activities, like making sure younger children are clean, and drawing pictures and making up stories about how to keep healthy. We've performed plays about the six killer diseases, and learned how to do first aid.'*

*The head teacher explained her route to Child-to-Child, 'I've been the head teacher here for six years. This school is considered to be in a remote area. Some children come from villages and are poor, but before the war this was also an area where ministers and embassy people had villas, so it's a real mixture of children from different backgrounds.*

*'In 1994 I attended the first Child-to-Child workshop given by teachers from Taiz. It was an introduction to Child-to-Child. At first I couldn't see how to make an activity out of these new ideas. But by the end of four days I said, "Yes." I could see how this could be an activity. I applied some of the ideas to cleanliness and so on but it wasn't really Child-to-Child. It was really the problem with mines that made us realize how we could use Child-to-Child. This is what happened.*

*'During the war, this school became a military site. Before school started again, I said that the site must be completely cleared of mines. A de-mining team came, and we thought we were safe. But this is a sandy place. When the wind blows, objects are uncovered. A boy found a piece of metal. It was very small. It didn't look much but it was a bomb. He took it to his house and was playing with it when it exploded. Three children died. The boy's father was badly hurt, and so were two other children. One child lost her arm. Another still has pieces of shrapnel inside her. This happened on 2 July 1995.*

*'The children wrote to UNICEF, to the Red Cross, to child rights societies, to the Ministry of Education and the Ministry of Defence, and to Radda Barnen, and said our school must be safe.*

*'This helped to motivate us. Now we have different Child-to-Child groups with 12 to 15 children in each group, and they take different topics. For example, some of the boys are doing first aid, and there's the mines awareness group, and the cleanliness group, and the garden group. Each group has an action plan for the term.*

*'We've passed the stage of teachers passing messages to the child. Now children are coming up with the ideas. Children are so enthusiastic. They plan to go to other schools to explain about Child-to-Child.'*

*Ishrak's mother spoke of her feelings about Child-to-Child, 'I'm Ishrak's mother. I'm an admirer of the Child-to-Child programme. I've seen a difference in Ishrak. She is more confident and assured. She's always liked drawing, but she used only to draw clothes. Now she has so many different ideas, including ideas for health posters and picture stories. She made some immunisation cards, and gave one to a neighbour who hadn't had her children vaccinated. The neighbour took the card without comment, but later she came to me and said, "Why has Ishrak done this?" I said, "You must ask Ishrak. It's her work, so you must ask her to explain." So Ishrak explained about when to take babies to be vaccinated, and the mother took her children to the clinic.*

*'Five months ago, Ishrak's father was killed in a car accident. I've been so glad that Ishrak has had her Child-to-Child activities. It's kept her going. She was very depressed, but her involvement with Child-to-Child activities has taken some of the weight of her sorrow.'*

*(On page 54 a 'twinning event' between Al-Quds School and the Somali Refugees Primary School is described.)*

## **26th September School**

26th September School has an enthusiastic head teacher who, with four other members of staff, attended the first Child-to-Child training in Aden in November 1994. The head is now a trainer for training of trainers events.

*After the initial training, the head held a staff meeting on Child-to-Child. 'The teachers decided to implement Child-to-Child in two grades, the second and the eighth. We choose cleanliness as a topic for the younger children, and diarrhoea as topic for the older students. Children work at Child-to-Child in free periods, which means four periods for younger children and two for older children. Next year we will choose first aid and making games - older children for younger children. We plan to extend these activities to third and fifth grades.'*

*One teacher commented, 'As a teacher, I think Child-to-Child means carrying out health topics more actively and making it more fun for the children. It also means making activities really practical.'*

*Members of the Child-to-Child groups said, 'Child-to-Child means passing on health messages to younger children, at school and in our community.'*

## **Al-Diya Preschool**

At Al-Diya Preschool, the contrast between the school and its surroundings is startling. Outside are small hills of rubbish, grazed by goats and raked over by children. Inside, all is clean and tranquil.

The head teacher had attended an introductory Child-to-Child workshop (March 1996), and the upgrading workshop in April 1996.

*The head said, 'After the first Child-to-Child workshop I shared the aims of Child-to-Child with the teachers, and made an action plan for environmental cleanliness. Teachers talked to children about passing messages on. One child said that he reminded his neighbour not to leave her rubbish on the street. The difference now is that we're involving children more, listening to children more, and thinking about issues outside the school. So, for example, the children have composed a letter to the municipal authorities saying that rubbish needs to be taking away from around their school. They said, "Children have the right to a clean environment." Children already had a good attitude to helping each other in the school, but now they are taking messages outside the school. The Child-to-Child approach gives children more confidence. By giving children some responsibility you make them feel like the president.'*

## **Seera Preschool**

Seera Preschool is a delightful place. The school was completely gutted during the war, but is now restored and made beautiful with trees and flowers. Many examples of teachers' and children's creativity are on display in the classrooms. The Governor of Aden visited the school at the request of the children, to organise the repair of walls undermined by flood damage.

There are two Child-to-Child volunteer groups of 15 children, out of 500 children in the school.

*One teacher said, 'Child-to-Child has increased the creativity of the teachers, and involved children more as volunteers.*

*'After the Child-to-Child workshop (April 1996), the first thing I did was talk to the whole school at assembly. I've made an action plan, concentrating first on personal hygiene. This fits into the curriculum. Because the children are so small they can't make a survey but we've made little envelopes with eyes, or hands and so on, on the envelopes. Children meet with younger children and see if their finger nails are clean, for example. They don't want to hurt the child. They put matches in the envelope to correspond to the number of children with dirty nails and then they can follow them up the next day and see how they are.'*

Both preschools had such a positive atmosphere, and would be a model of good practice wherever they were.

### **Reflections**

In all these schools in Aden, Child-to-Child has taken root, generating some exciting work. The schools I visited had supportive head teachers, and imaginative and concerned teachers. Even where the idea was not initially well understood (according to the teachers' own assessment), access to Child-to-Child materials, and an attempt at Child-to-Child activities, has led to cleaner schools, more active learning environments for children, and the professional development of teachers. Children and teachers were able to articulate how Child-to-Child has evolved in their schools.

In these schools there was evidence of active involvement of children in health-related topics, through role play, songs and the use of interesting visual aids. There was less evidence of children's participation in choosing topics, and interacting with their community as part of the process of 'finding out more'. Child-to-Child is still largely seen as an extracurricular activity, and is not yet well integrated into the curriculum in two of the schools. However, the selection of teachers whose subjects are more readily amenable to including Child-to-Child makes this more likely in the future. This was the stated intention of the teachers interviewed.

Difficulties which had been identified during implementation of Child-to-Child activities included:

- Shortage of funds;
- Lack of teaching aids;
- Frustration that children do not always change their 'habits';
- Working with mixed age groups;
- Lack of time, or 'official' time, for Child-to-Child activities.

A desire for more school to school visits was expressed. Visits from schools in Al-Shaab, Lahej and Abyan to Taiz were judged a success by Radda Barnen.

## **Update**

Since my visit in April 1996, a report from Radda Barnen on Child-to-Child activities which took place in the southern governorates up to December 1996 has provided more information (Box 2).

### **Box 2: Extracts from Report on Child-to-Child (CtC) Activities for 1996 by Ahlam Hibatulla, Radda Barnen, Aden**

CtC schools implemented the programme in different levels, some of them are more active than the others. Good implementation of the programme depends on many factors like the personal character of participating teachers, their belief in the programme, the cooperation and assistance of the school administration, and the children's participation.

**Al-Quds School:** This school is a good example because children and teachers implement CtC activities continuously. Children choose the activity sheet they want to implement. Children of Al-Quds school write down their activity sheets in a special file called CtC activities file. They work together and take care of small children in the nearest preschool.

**Al-Basatin School:** CtC team meet every Thursday. They take full responsibility for school cleanliness - playgrounds, classes and toilets. This school is a good example of changing attitudes and improved behaviour.

**Seera Preschool:** Children manage the morning assembly by themselves. Older children show the younger ones how to use toilets and when to wash their hands.

**Omer bin Abdulaziz School:** During the two immunization campaigns, children collected statistics on all village children who needed to be vaccinated, and they helped in vaccinating them.

**Al-Shokani and Omare Al-Mukhtar Schools:** Children collected statistics on children with infections in the school, which makes the work of school health easier. Children implemented a special activity sheet during the mines awareness campaign, using wall journals, role play and songs.

**Al-Taweela School:** Children solved their problem of a shortage of chairs in the school. They repair the old broken chairs and now they have 1,400 extra chairs. The headmaster said that children taught him how to repair broken things.

**Al-Bazaraa School:** CtC team implement an activity sheet about how to help children in need. They collect money from those who can pay, to help the others in paying school fees and/or offering breakfast meal.

Most recently we have heard that, to support activities in schools, Child-to-Child

Associations following the Taiz model are to be registered with the Ministry of Insurance, Social Affairs and Labour in Aden and Abyan Governorates. There are plans for similar associations in Lahej and Al-Mukalla Governorates. Rädda Barnen's continuing encouragement and assistance in these activities plays a vital part in sustaining the momentum of Child-to-Child in the Republic of Yemen.



# **Yemen: On Course for a Healthy Future: Reflections on the Implementation of the Child-to-Child Approach in the Somali Refugees Primary School**

**LIBAN ABDIKARIM AHMAD**

Liban Abdikarim Ahmad is a teacher at the Somali Refugees Primary School in the Republic of Yemen. He has enthusiastically promoted the Child-to-Child programme in the school since its inception.

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## **BACKGROUND**

The Somali Refugees Primary School in the Republic of Yemen was first established in Al-Sha'ab Camp on the outskirts of Aden in November 1992, with the support of Radda Barnen and the UN High Commissioner for Refugees. Creative activities soon began to take shape, including drawing contests, singing and story-telling sessions. A simple survey to identify disabled children in the camp was conducted by pupils with the help of teachers. Most of these activities were integrated into school lessons, and appeared to help children cope with memories of the civil war in Somalia and the subsequent voyage on the harsh sea.

By the time the second school year began in September 1993, the school was situated in a new camp, Al-Koud, east of Aden, to which the refugees had in the meantime been moved.

Teachers in the school learned of Child-to-Child through a health publication which contained an article on the approach. 'It was a cogent piece that gave us an insight into Child-to-Child as an approach to primary health education for the immediate benefit of the child, the family and community,' recalled one teacher.

Teachers asked a member of Radda Barnen staff in Aden whether there was any Child-to-Child material at their disposal. A copy of the book *Child-to-Child and Children Living in Camps* was brought to the school. After reading it thoroughly, teachers felt the need to translate parts of the book into Somali so that they could assess its relevance to the then provisional programme of study. 'In translating the first part of the book we had to tackle the extremely difficult task of finding appropriate Somali words to the English ones in the book without slightly changing the meaning of health messages,' says Hussein Saeed Jama, a mathematics teacher.

There was, moreover, an initial need to increase the health knowledge of teachers, and a three day seminar, organised jointly by Radda Barnen and Médecins Sans Frontières, was conducted for teachers in January 1994.

Unfortunately, opportunities for experimental use of two chapters from *Child-to-Child and Children Living in Camps* were thwarted by the 1994 civil war in Yemen which

brought the education programme in the camp to a halt. Under cross-fire, the refugees fled and the school compound was destroyed.

### **A NEW BEGINNING: 1994-5 SCHOOL YEAR**

In September 1994, the primary school reopened in Al-Gahin Camp where the refugees had been evacuated. The camp was established in former aircraft hangars, more recently used as government vegetable storehouses, in a barren area of Abyan Governorate about four hours' drive from Aden.

Soon afterwards, teachers interviewed a limited number of children and their parents, as part of a case study to give Radda Barnen an insight into the feelings and emotional needs of children affected by war. The teachers who conducted the interviews had made use of the Child-to-Child materials at their disposal, and translation of the remaining chapters of *Child-to-Child and Children Living in Camps* was subsequently completed with renewed enthusiasm.

### **The First Child-to-Child Workshop**

In November 1994, Radda Barnen staff paid a visit to the the primary school to see the education programme in action and plan for a Child-to-Child workshop for teachers. This visit boosted the morale of the teachers, who by now had found Somali words for the term Child-to-Child: *Iskaashi Agooneedka Carruurta* (educational cooperation among children).

A four-day residential Child-to-Child workshop, organised by Radda Barnen and the Yemeni Child-to-Child Association from the city of Taiz, was conducted for the primary school from 26 to 29 March 1995, in Aden. The workshop gave teachers a remarkable insight into the Child-to-Child approach, Child-to-Child materials (activity sheets, readers and the Resource Book) and above all the concept of primary health care.

After the workshop was successfully concluded in Aden, the school management and teachers met on the school premises. The meeting revolved around two fundamentals:

- Incorporation of Child-to-Child ideas into the school programme of study.
- Implementation of the Child-to-Child approach in Somali Refugees Primary School and the camp.

An effective familiarisation method in the form of oral lessons during the morning assembly helped students acquire a real understanding of the Child-to-Child approach. It was clear that students benefited from the approach. Teachers of pre school and first grade students, for example, made use of posters made by third and fourth graders to teach about good food and personal hygiene.

### **'Child-to-Child in Action' Ceremony**

On 6 June 1995 a 'Child-to-Child in Action' ceremony was held on the school premises. Radda Barnen staff attended the ceremony, in addition to a large number of Al-Gahin

camp residents who were surprised at the very skilful ways by which their children demonstrated health knowledge. Second, third and fourth grade students whose ages ranged from 7 to 15 years participated in a health drama and fair. On the occasion of the ceremony, a prominent member of the elders had this to say, 'We are plucking fruits of a tree planted by Radda Barnen. This ceremony is our children's feedback reflecting what teachers taught them in a very short time. We trust our children are armed with health knowledge which is useful for the community.'

### **1995-6 SCHOOL YEAR**

Emboldened by the enthusiastic resource of students and the availability of health education text books and plentiful Child-to-Child materials, the school management and teachers gave a new impetus to the Child-to-Child activities shortly after the school year (1995-6) started. A school health committee made up of students, teachers, parents and health workers was set up, and has since met regularly (see Box 1 overleaf).

On 5 December 1995, another Child-to-Child ceremony was held on the primary school premises, and was attended by the Radda Barnen Programme Officer and students from Al-Quds School, Aden. The ceremony was a 'twinning event' between the two schools which both implement Child-to-Child activities. Students from Al-Quds School interspersed the ceremony with Yemeni songs and folklore dances. In turn, Somali Refugees Primary School students put on a health drama which emphasised breastfeeding, immunisation, growth monitoring and helping children in difficult circumstances. At the end of the ceremony, a Child-to-Child quiz game pitted a group of Somali Refugees Primary School students against Al-Quds school students. The Somali students won the quiz game.

### **Training of Trainers**

A training of trainers workshop for Somali Refugees Primary School teachers was organised by Radda Barnen and held in Aden in January 1996. It was an opportunity not only to improve teachers' presentational skills but also to discuss how to make teaching aids from locally available materials.

### **Revitalising the Activities**

During the mid-term holiday of the 1995-6 school year, the school management appointed school activity groups, including a Child-to-Child group, from among teachers. Members of each activity group were entrusted with the task of coordinating and reporting on their respective activities. A school work plan was prepared, emphasising three priority topics: 'Good Food', 'Immunisation', and 'Dirty Water'. The first two topics were implemented in February, March and April 1996 through various subjects - health education, mathematics, science, Arabic language, moral education, Somali language, social studies, music and drawing. The Child-to-Child group was responsible for ensuring proper implementation of the work plan topics and integrating Child-to-Child activities with other school activities.

To reinforce health messages taught in the class, a morning programme was introduced. This programme consisted of a quiz game and 'Today's Topics', a

**Box 1: Minutes of School Health Committee held in Somali Refugees Primary School on 17 November 1996**

**Liban Abdikarim Ahmad (Teacher)**

The main item on our agenda is to draw up the school work plan. But let us remember the basic principles of Child-to-Child: a child helping a smaller child and a child of the same age, and children taking a larger role in the efforts to put 'bottomline' health information at the families' disposal.

As for drawing up the school work plan, we have two pressing health problems:

- We are in the middle of the cold season; respiratory tract diseases are on the rise.
- Home and street accidents have doubled during the last three months.

Which topic must we emphasise during the first term of the current school year? (Health committee members agreed to vote on the topic to be emphasised.)

Who is in favour of the respiratory tract diseases topic? (Eight members raised their hands and expressed their preference for emphasising the respiratory tract diseases topic.)

Who is in favour of 'accidents'? (Twelve members voted in favour of the accidents topic.)

**Ali Hassan (Health Worker)**

I have been impressed by our pupils' ability to prioritise the health problems which we must address collectively. This school promotes good health practices in the camp. It is you (pupils) who are at the forefront of promoting health through Child-to-Child.

Before you pass on health messages or teach other children about good health practices, it is a *must* that the school be an example of good health practices. You can - and I am sure you do - teach the community by example: a clean and polite pupil attracts the attention of many children and adults who will emulate his/her good health practices. And this is a very effective method of communication. We health workers are ready to help you with anything you need to promote health in the camp. We must strengthen our cooperation.

**Ali Ismail Sama (Health Education Teacher)**

We are here today to discuss the preparation of the school work plan. This meeting was organised by the teacher. You (pupils) should have organised it; you should have prepared agendas for the meeting. Child-to-Child is about children identifying and taking action about health problems.

Most of you have put what you have learned into practice. We have just agreed to emphasise the topic 'accidents'. How can you raise the awareness of many of your friends in the camp who are *not* mindful of road accidents? How can you stop them from riding bicycles on the main

road and rocky areas near the camp?

The task that lies ahead of you is to define to the people the word 'accident'. People have different ideas of accidents. Some people think that accidents take place only in the streets! You must shed light on the main causes of home accidents in the camp. I urge you to plan and organise Child-to-Child activities.

**Mohamad Osoble (Health Worker)**

I am glad to come to the school for this meeting. It is true that home and road accidents have increased in the camp. But, let us remember that health messages are interrelated. One child in hangar 8 drank paraffin last week. Two months ago you (pupils) passed on messages on clean and safe water. Separate plastic water containers are used for the latrine and for water to drink. Plastic water containers used for other liquids (oil or paraffin) should not be mistaken for those containing drinking water. If the parents of the child who drank from the paraffin container had grasped these messages, they would not have put the paraffin containers near the stove in the kitchen where the child could crawl.

In addition there are several unfinished (uncovered) latrine pits which pose a danger to many children who play near the water tanks.

You can bring this problem to our attention or take action to reduce risks of accidents in our camp. You know children in Romania launched a successful campaign against smoking. Don't underestimate your ability to change our people's attitude towards health.

**Abdihamid Ahmad (Parent Member of the School Health Committee)**

I am very glad to tell you that Child-to-Child summer activities have impinged on most people in the camp. I saw many families who put a mark on the plastic water containers used for the latrine. You raised our awareness with regard to clean and safe water. I believe that we must put a lot of effort into passing the Child-to-Child approach to our people in Somalia.

**Mariam Mohamad Omar (Grade VI)**

As pupils we must make posters on home accidents. We must keep telling our neighbours that paraffin stoves and (portable) tin fireplaces cause many accidents if the people don't use them prudently. We must make sure that our neighbours understand and put the message into practice.

**Amal Ismail Abukar (Grade VI)**

There is another health problem caused by the cold weather which has just set in. Many children are suffering from bronchitis. We must also address this problem.

presentation on a chosen topic made by one pupil every day, except Friday.

**The Child-to-Child Trust Workshop**

The month of April 1996 went down in the school diary as a momentous time: a two-day Child-to-Child Trust workshop was held in the Somali Refugees Primary School. Thirty

people (18 teachers, six students, three health workers, two parents and one musician) attended the workshop. There were sessions on the Child-to-Child approach and how it is being developed around the world, and on the concept of children's participation. The most important session of the workshop was devoted to examining opportunities for using Child-to-Child ideas within the existing health education syllabi. It was a workshop that consolidated the Child-to-Child activities of our school.

### **Child-to-Child Summer Activities**

During the three month long holiday in the 1995-6 school year, the school management, teachers and students undertook a Child-to-Child summer activity. The idea of having summer activities had come to the fore during the two-day Child-to-Child Trust workshop.

All concerned agreed that the problem of 'Dirty Water' should be the focus of the summer activity. More than 200 students participated in the programme which ran throughout August 1996, the last month of the holiday.

The school teachers, a health worker from the clinic and the camp water supply supervisor teamed up to give students basic information on clean and safe water, water-borne diseases and methods for keeping water clean by means of chemicals.

Students conducted surveys in and outside the school. Third, fourth and fifth graders taught second graders information-gathering skills. One student was appointed to be the 'information bank' for each group. They passed on clear messages on improving cleanliness of hangars near water sources, rational use of water, and making covers for plastic water containers widely used in the camp in place of buckets.

Meanwhile, in order to increase the awareness of the wider community in Al-Gahin to the dangers of dirty water, a one-day Child-to-Child workshop was conducted for Somali refugee parents.

Although most people in the camp had already attended several Child-to-Child ceremonies in the school, this one-day workshop allowed them to become familiar with the Child-to-Child concept, the role of the Trust, and the concept of 'health across the curriculum'. They also had an opportunity to see and use Child-to-Child materials. The female community health workers benefited from the Child-to-Child methodology and, as one community health worker later put it, 'It will be easy for us to reach the community.'

### **SUSTAINING CHILD-TO-CHILD ACTIVITIES**

#### **Health Education Resource Unit**

In November 1996, the school set up a Health Education Resource Unit with the following objectives:

- To produce and disseminate essential health information in the Somali language.

- To increase the role Somali refugee children can play in spreading essential health messages.
- To organise health education workshops that address priority health issues in the community.

### **Disseminating Child-to-Child Ideas Through the School Magazine**

The monthly Somali language school magazine, *Iftiinka Aqoonta* (Light of Education), plays a large role in disseminating health information in the camp. Students regularly contribute articles on different health topics such as good food, immunisation and hygiene.

Saeed Abokor Yusuf, a sixth grader, believes that contributing to the school magazine has improved his writing skills. Mohamed Muse Dalmar, a fifth grader who contributed one story to the magazine, says he aspires to be a health writer.

The editors now intend to introduce essay competitions to help teachers utilise the enthusiastic resource of their pupils.

### **The Use of Child-to-Child Materials**

Implementation of the Child-to-Child approach partly depends on the proper use of Child-to-Child materials. In other words, no school will benefit from this approach unless its teachers devote ample time to collective study of opportunities within the school programme of study for using ideas and activities suggested in the materials. The Somali Refugees Primary School have used many Child-to-Child materials. Some were used in their original form while others were changed to suit our local condition. Most importantly, Child-to-Child activity sheets were used as supplementary material in health education lessons for fourth, fifth and sixth graders.

Although translation, preparation and production of Child-to-Child materials in Somali is a demanding task, teachers managed to translate the activity sheet *Clean, Safe Water* into Somali. The Somali version of the sheet is cyclostyled; it has no illustrations. Two prime messages from *Facts for Life* have been included in the Somali version, which also contains a set of questions to be used by pupils when gathering information outside the school.

The Child-to-Child readers have also been useful. The health messages in *Diseases Defeated* impressed the community after the book was dramatised. (AIDS, which is a member of the 'Killing Committee', has been omitted while Radda Barnen has been included as an enemy of the 'Killing Committee'.)

### **The School-Clinic Relationship**

The Somali Refugees Primary School maintains a strong relationship with the clinic in Al-Gahin Camp. The introduction of the Child-to-Child approach in the school has drawn the health workers and teachers closer together.

Firm in the belief that the goal of promoting health in the community can be realised if the school and clinic take joint health action, it was the health workers who suggested in 1995 the addition of a health page to the school magazine. The clinic uses health songs (sung by the pupils) in its weekly immunisation programme. Three health workers are members of the school health committee.

#### **LESSONS LEARNED FROM THE CHILD-TO-CHILD PROGRAMME**

- Child-to-Child activities have instilled love of learning and confidence in Somali refugee pupils who are known promoters of good health practices in the camp.
- Parents have a large role to play in making Child-to-Child activities bear fruit. Children's health action can be more effective if the parents are given basic health information in the form of one- or two-day awareness workshops.
- A Child-to-Child school must provide an example of good health practices. The school's health-promoting image can be bolstered through activities such as a 'cleanliness competition' among classes.
- No Child-to-Child programme can develop if the people involved in it don't strive to learn from other Child-to-Child programmes in the world.
- A strong school-health centre relationship is vital to the impact of the Child-to-Child programme on any community.
- Initially, teacher-organised Child-to-Child activities are necessary for the successful introduction of the approach in any school. It should be borne in mind that it is vital to encourage children to organise activities themselves once the programme gets off the ground. This is an effective way of exposing children to experiences which help in their moral development. It boosts their sense of responsibility and prevents the Child-to-Child programme from becoming an 'on-off' activity.
- Periodic meetings, aimed at exchanging approaches used by different teachers in individual subjects, shake off the apathy that may characterise some teachers once the initial euphoria disappears.
- As well as being an important get-together occasion, Child-to-Child ceremonies remain a most effective way of reaching out to the wider community.

#### **ENDNOTE: WHAT AL-GAHIN RESIDENTS SAY...**

Sameera, a third grader, found a way around the disapproval children can face when passing on health messages. 'I was first afraid of being branded as "children who taught their parents how to give birth". All I had to do was to keep our house clean and make safety rules for our family. When I see a knife or a sharp thing in the yard, I take and put it in a basket dangling from one of the wooden poles of our house and then say in a loud voice, "Who put the cutlery in the kitchen? Abdirashid (my one-year-old brother)



can pierce his eyes with it.” Our neighbours have become aware of the main causes of accidents.’

‘My daughters take care of their younger brother lest he might crawl near the fire,’ says a mother. ‘This is a proof that the Child-to-Child approach impinges on the family.’

Abdihamid Ahmad, a young creative writer and an admirer of Child-to-Child activities in the school believes that the impact of these activities in the camp can be felt by any discerning person, although the programme is in its infancy: ‘Most pupils have developed a caring lifestyle, and have acquired basic health knowledge to prepare "SHIFO" (ORS) in the event of diarrhoea outbreak in the house, for instance. Children's voices - as we witness when we go to the school to attend community events - are strong enough to bring pressing health problems to the attention of the people and give suggestions as to their solution. Child-to-Child has benefited pupils, teachers and the community. We hope to import it to Somalia, our homeland.’

# **Zaire: Unaccompanied Children as Refugees: Protecting their Right to a Normal Development**

**PAUL EUNSON**

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## **INTRODUCTION**

Unaccompanied children as refugees are particularly vulnerable to epidemic conditions which affect refugee populations. Their mortality rates from the acute condition and subsequent malnutrition are unacceptably high. Those that survive the refugee crisis and are reunited with family and/or community continue to experience long-term morbidity.

The psychological morbidity of unaccompanied refugee children is not only related to the circumstances by which they became refugees - war, violence, leaving home, hunger and disease - but is compounded by separation from parents, anxiety about the fate of family, being cared for in a strange community or institution, and being cared for by people of a different race, language, or culture.

In these circumstances, a child's development is impaired. Young children may stop developing, show developmental regression, or manifest abnormal patterns of behaviour. Older children are not immune, and may become withdrawn or over-active, aggressive or excessively dependent. They may show signs of post-traumatic stress disorder within the context of their developmental stage and culture. The most severe cases will become mute, and will stop eating and drinking.

In planning and evaluating care for unaccompanied children, whether it be community based or institutional based care, the normal development of the child is the gold standard. Survival and low mortality rates are an insufficient guide to quality of care. The care of unaccompanied children, physically and psychologically affected by their ordeal, requires a high level of input and a holistic approach. Aid workers require particular skills in communicating with children and a deep understanding of their developmental needs. The ability to provide the necessary resources in large crises, such as the events in Rwanda and eastern Zaire, is beyond the capabilities of host governments and non-governmental organisations (NGOs).

In this chapter, I review the experiences of Medical Emergency Relief International (MERLIN) in caring for unaccompanied children in Zaire in 1994-5. I will discuss the use of Child-to-Child activities, in protecting and promoting normal development using the inner resources of the children themselves. I will argue for a re-orientation of methods of assessing effectiveness of child care away from statistics towards assessing quality of life for children. I will recommend appropriate training for aid workers who are

involved with unaccompanied children.

The goal of care for unaccompanied children is to allow them to continue to develop in a safe environment along cultural pathways so that when they re-enter family and community life, they are not significantly impaired by their experience as a refugee.

### **UNACCOMPANIED CHILDREN AS REFUGEES**

My experience working with refugees has been with unaccompanied children in a centre in Goma, Zaire for three months in 1994. Not all were orphans, not all were abandoned, some having been placed there by parents who recognised that the centre may have held the best hope for the child's survival. Much has been written about the inadequacy of care in 'institutions', about the artificiality of life, and the added stresses of separations from family. But in large disasters which overwhelm a community's ability to provide for the victims, when family or foster care is not available, institutions are a fact of life.

Unaccompanied children are peculiarly vulnerable in refugee settings. As children, they are more vulnerable to malnutrition and dehydration, which heightens their susceptibility to epidemics of measles, gastroenteritis and other infections. The risk of these epidemics is higher where many children live together, inadequately supervised. This physical morbidity is compounded by the toll of separation from parents, fear, loneliness, and the effects of having witnessed traumatic events.

The results are high acute and delayed mortality rates and high morbidity rates. For the very young, the mortality rates in some camps in eastern Zaire reached nearly 100 per cent in the first three months of the refugee crisis. In Ndosho, one of the better equipped camps, over 200 children out of 2,500 died, not all of whom were seriously ill on arrival. Combating the deaths and illness is undoubtedly a high priority for UN agencies and relief organisations. The recent and ambitious initiative to make war zones 'child-free' may in part prevent similar situations in the future. However, as targeting civilian populations has been a feature of most wars for the last 15 years, I am not confident about the success of this initiative. In this chapter I will examine the outcome for those children who survived and how that outcome may be optimised.

Protecting the health and development of a child who is a refugee is not simply a case of providing sufficient food, water and medicine. Quality of life is as important if one wishes to safeguard the future development of a refugee child. As an example of how the different factors amplify the stress on a refugee child, I will consider the fate of children who left Rwanda in 1994, and even now (1996) are still separated from their families, under threat of violence, at risk of epidemics, and facing an uncertain future.

In August 1994, there were upwards of 10,000 unaccompanied Rwandan children being cared for in a number of sites in eastern Zaire. A few were in the care of Rwandan adults on a 'fostering' basis, some older children survived with minimal supervision in the main camps, and the majority were cared for in centres established for unaccompanied children.

The children were separated from their parents, perhaps from siblings, and possibly from members of their own communities. This may be the strongest factor in promoting emotional problems. Some had witnessed extreme violence to family and friends. Some knew that their mothers, fathers and siblings were dead. They were hungry, ill, afraid of violence, and fearful that the propaganda of the Hutu militia would come true. The children were in a foreign land, in a foreign culture, with adults speaking a foreign language.

In my experience, these events produced a community of children at risk of severe psychological stress. A few children showed the well recognised symptoms of mutism, withdrawal, and refusal to feed. In the first two weeks, the camp at Ndosho was quiet, with little laughter and little crying. After some time, children began to show emotions, although not necessarily appropriate to their circumstances. There were cases of sleep and appetite disturbance, antisocial behaviour, social withdrawal, and abnormal attachment to adults.

The stress that these children suffered was not a single defined event in time and place. Two years after leaving home, many children are still in exile, with inappropriate care, in fear of their own lives, uncertain of the fate of their families. They are estranged from their own culture and the rhythms of family life. Severity of a stress is an important factor in determining reactions, but persistence and repetition of the stress amplifies anxiety and emotional reactions immensely.

Few of the protective factors that have been recognised in other situations (Table 1) were present. Language differed, some unfamiliar foods were provided, even attempts to introduce new religious practices were made. The children's main emotional support came from amongst themselves, and within a few weeks, the children formed identifiable groups within the camp.

**Table 1: Protective and Destructive Influences on a Child's Ability to Cope with Distress**

Protective	Destructive
Family	Exposure to violence
Other adults	Persecution
Peers	Hunger
Cultural practices	Uprooting from native cultural practices
Previous family warmth	Repetition of violence and fear

Knowing how many adverse factors were working against the children's emotional state, and how few protective factors were in their favour, I believe strongly that one cannot use survival or morbidity rates as the measure of success of the care of the children. Those caring for refugee children must be prepared to take into account the

developmental progress of the child and emotional symptomatology that the child shows, and to maintain an environment that encourages physical, intellectual and psychosocial development. I propose that NGOs and UN agencies concerned with the care of children in difficult circumstances take action in three crucial areas:

- Training of aid and relief workers.
- Sentinel site studies of children in refugee camps with further reviews once back in their home environments.
- Implementation of good standards of practice to permit development of an appropriate environment for refugee children under the prevailing circumstances.

### **TRAINING**

Within a team of people caring for refugee children, it is ideal to have those with direct experience of working with children. The child's own mother is the key person, failing that, mothers of other refugee children, or mothers who volunteer from the community. At management level, children's nurses, nutritionists and paediatricians are invaluable in planning a child-friendly environment, and for training other staff. Part of the training for expatriate and professional local staff should be an understanding of the developmental response to stress, how to play and communicate with children, and how to recognise children who are not thriving in the broadest sense of the word. These are not difficult skills to learn, being innate to many parents and health workers. The skills need to be culturally appropriate. Included within the training programme for expatriate and local team planners should be sessions on the uses of Child-to-Child activities, which I will discuss later.

### **SENTINEL SITE STUDIES**

Although the risk factors are known for induction of emotional and psychological problems, there is little information on the most effective way to recognise these problems. We do not know the answer to simple but crucial questions. What is the medium to long-term outcome for children who have been refugees? How do we recognise which children are suffering now, and how do we know which of the current stresses on the child will affect psychosocial development in the future? How do we determine which stress reactions are an appropriate reaction to the situation and which are markers for a child who is reacting inappropriately and suffering? There are a few studies which have followed Vietnamese and Cambodian children into permanent residence in USA and Canada, but I would argue that these are not relevant to the management of Rwandan refugee children.

The purpose of sentinel site studies should be two-fold. The first is to produce a set of simple guidelines, a tool that can be used by all carers to identify those children with markers for emotional distress. A different tool will be needed for each developmental stage - infant, toddler, pre-school talking child, school age, and teenager. Girls may require a different tool once older, and the culture of the children should be taken into account. This tool should be designed for use by all grades of carers, including local

volunteers. In Ndosho, cooks and laundry workers were adept at identifying children who were unhappy and withdrawn.

The second aim of the sentinel study is to follow a group of children through their refugee experience and back into home life. It would then be possible to answer the questions of which distress symptoms are markers for dysfunction in later life. This would not be an easy task, particularly as the children would need to be followed for at least 10 years into adult life, and much longer for younger, more vulnerable children. The question of the ethics of an observational study that identifies suffering children but takes no action is difficult to avoid, although we do not know what interventions are appropriate other than allowing the child to lead a life as close to the pre-refugee situation as possible. A study such as this is beyond the scope of most relief agencies, but should be possible as a collaborative effort between a development agency and the government of the country concerned.

### **CHILD-FRIENDLY ENVIRONMENT**

An environment which a child finds non-threatening and friendly will hasten recovery. It is now policy in the UK for children to be treated in a children's hospital or a children's ward, rather than in adult wards. If a child can be surrounded by familiar people and objects whilst in hospital, the severity and incidence of distress is lessened. Simple things like allowing a child to wear his or her own clothes, to eat favourite foods and have favourite toys in the bed are protective towards the child. The days of banishing mothers and other family members from wards are long passed. The physical structure of the environment is important. Children's wards are low-ceilinged, with cubicles rather than huge open spaces, plenty of drawings, colour and toys.

The environment and social atmosphere of a refugee camp or centre for unaccompanied children has an effect on severity of stress reactions. Even adults find a camp containing 300,000 people intimidating, and will establish division lines to create territories within the camp. This gives people physical boundaries in which to recreate their lives. Within these boundaries are the people and objects to which they can relate - friends and families, water source, food supplies, medical tent. Within hours of the creation of refugee camps in Malawi by Mozambique people, women had set up small market areas selling vegetables, grain and fruit. Boys would appear with trays of cigarettes. This will only happen when people are confident enough to recognise that this is their territory.

The physical structure of a camp for children should be designed with the children in mind (Table 2). In Ndosho, which was built on an old, harsh lava flow, pit latrines were placed at the edges of the camp. They were too far away for the younger children to walk to even during the day, thus contributing to the spread of diarrhoeal diseases.

As well as the physical appropriateness of the facilities, considerable regard should be given to the emotional friendliness of the camp from the moment the first child arrives. Children who are emotionally deprived and who lack stimulation may show failure to thrive and developmental delay even when provided with sufficient food and water.

**Table 2: Structures and Items That Should be Appropriate for Children**

<b>Buildings</b>	<b>Utensils</b>	<b>Provisions</b>
Huts or tents	Eating utensils	Food
Latrines	Water containers	Fluids
Washing areas	Lighting	Medical supplies
Health posts	Blankets	Clothes
Security	Beds	Toys
Play areas		Educational materials
School building		

The key areas of care are:

- *Giving the child boundaries* - 'This is your tent/hut/area.'
- *Giving the child an identity* - Recording and using the child's own name. Recording the child's origins and mode of arrival.
- *Giving the child a peer group.*
- *Giving the child a mentor* - 'This named adult/older child will help care for you.'
- *Giving the (older) child a role* - 'Will you help with this little child?' 'Would you help to bring the food to your tent?'
- *Giving the child activities* - 'Today we will clean our tents and then we will play football. Tomorrow the school will open and then the priest will come.'
- *Giving the child a voice.*

This last point can be interpreted in two ways. The first is to enable the plight of the children to be made known to the wider world, particularly the politicians who are determining the events that may hasten or delay the children returning home. This is a crucial activity but outside the scope of this chapter. The second interpretation of giving the child a voice is to allow the child a say in his or her predicament, to hear what the child considers the priorities of the day, and to involve the child in deciding a course of action to tackle these problems. This matches the philosophy of Child-to-Child activities.

Child-to-Child activities have a particular role in refugee camps, in encouraging the community of children to support themselves. In Ndoshu, the children developed songs and dances as a means of educating all the children on control and treatment of an

epidemic of dysentery. Traditional didactic methods of health education had failed. We believe that the children's efforts succeeded because the programme, described below, belonged to the children and they portrayed the message in a manner that was culturally and developmentally appropriate for all the age groups.

### **DYSENTERY SONG CONTEST**

As elsewhere in Goma amongst Rwandan refugees, an outbreak of bacillary dysentery started in August 1994. Identified as *Shigella Sonnei*, and sensitive only to pivmecillinam and ciprofloxacin, initially it only caused moderate morbidity in affected children. However, once well established, reports of deaths of adult patients appeared. UNHCR and UNICEF developed guidelines for treatment as follows: ciprofloxacin was to be reserved for children under five years; pregnant women; severe cases; cases with psychotic symptoms; patients in coma. Treatment with ciprofloxacin was to be supervised and to be reserved only for bacillary dysentery. Supportive treatment was as important as antibiotics.

Conditions were ideal for a rapid spread of bacillary dysentery in Ndoshoh. Although adequate amounts of clean water were available, it was not always easily accessible to the children, particularly those under the age of five years or those who were ill. The programme of building pit latrines lagged behind other developments in the camp and the terrain became persistently soiled with faeces. The children had a tendency to share eating and drinking utensils although this was discouraged. The children were already susceptible to infections due to immunosuppression related to malnutrition and past infections.

Given the above circumstances, we developed our own treatment policy. After careful deliberations with camp management, we decided to treat every child and adult in Ndoshoh with bloody diarrhoea with ciprofloxacin. The rationale was as follows:

- Children were crowded into tents and spread of dysentery from one child to another was enhanced.
- Many children were already weak and malnourished and further infections might prove fatal.
- There were facilities available to separate children with bloody diarrhoea and supervise treatment and rehydration.
- As young babies less than one year old were infected, we knew that workers in the camp were involved in transmission of dysentery and had the right to treatment.

Health education was included in the remit of a team that visited each tent and hut daily to deal with minor health problems. It was our hope that early and aggressive treatment combined with health education would limit the spread of dysentery. However, these measures were not successful. The numbers of children affected by dysentery steadily



increased and coincided with a large outbreak of non-bloody diarrhoea.

The children had already shown a desire to dance and sing for prominent visitors to Ndoshu. Rather than continue with the traditional didactic methods of health education where the child passively receives advice, we wanted to allow the children a more active role, and to take some responsibility for their health. By encouraging the older children to care for the younger children, this group would then have a role in the camp which would boost their self-esteem.

**Table 3: New Cases of Dysentery and Non-bloody Diarrhoea in Ndoshu from August to mid-September 1994**

Week	Dysentery Cases	Cases of Non-bloody Diarrhoea
1	141	41
2	118	59
3	93	31
4	155	295
5	69	214
6	27	58
7	22	81

Health staff fluent in French and Kinyarwanda taught the older children in each tent and hut how dysentery is spread, how it is treated and how it is prevented. Together, the health staff and older children composed a basic rhyme which the young children could learn and the older children would adapt. Each older child then returned to the younger children and encouraged them to produce a song with dance and mime based on the basic rhyme. One week later, each group performed their song at a concert in front of the whole camp with prizes all round.

The children were tremendously enthusiastic about the concert, with some groups managing to produce costumes, others using drums. The concert was a success both as a social event and a way of bringing the children together as a community. The children sang and danced and put over their health message in a manner that was natural to their culture and easily understood by the young children. Representatives of other aid agencies attended, and the songs were broadcast on the UNHCR refugee radio station to the other camps.

One week after the older children started their education programme (week 4 in Table 3), the incidence of new cases of dysentery and bloody diarrhoea began to fall and continued to fall over the ensuing weeks. Diarrhoeal disease never again reached epidemic proportions in Ndoshu.

Of course, this is not a controlled study and there is no proof that this method of health education was the only factor that led to a fall in the cases of dysentery. One could argue that the epidemic had reached its peak and was about to decline spontaneously. However, there were still 1,000 children in Ndosho who had had no symptoms of dysentery and a percentage of them would have been susceptible.

It is rarely possible in such circumstances to carry out formal studies of health education. Indeed, there is sufficient evidence for the beneficial effect of health education on disease control for its deliberate absence to be considered unethical. Among older children and adults, sufficient numbers will have been exposed to health education in the past to trigger adoption of preventative measures spontaneously. Therefore the effectiveness of an activity such as the Dysentery Song Contest may only be assessed subjectively. We believe that the dramatic fall in the incidence of dysentery and non-bloody diarrhoea following the song contest is sufficient evidence that it was an effective method of health education.

### **CHILDREN'S ACTION AFTER THE CONTEST**

Prior to the Dysentery Song Contest, the children had confined themselves to activities related to their survival, with food, water and shelter being a priority for children and staff alike. What play there was occurred between children of one tent or hut and of similar ages. This was partly the result of segregating the children by age group for ease of management of daily needs. In the weeks following the song contest, the staff in Ndosho observed a change in the pattern of daily activity of the children. Small groups of children were sitting together, drawing in the dirt, or on paper provided for the hospitalised children. In these groups, older children were teaching young children basic reading and writing, or peer groups were working together on remembered school materials. The spontaneous initiation of educational activities by the children strongly reflected their needs. Some children had been in Ndosho for over two months and the tragedy of the flight from Rwanda, the loss of their parents and the despair of the cholera epidemic had begun to fade. They were in need of some activity to fill the void in their lives. Whereas previously, a game of football against French soldiers or the arrival of the water truck would attract a large crowd, the children now wanted more active, constructive activity.

In Ndosho, there were a small number of children under two years of age who were naturally dependent on others for all care. They were housed in a stone building in beds with mattresses and blankets. Despite intense supervision of feeding and hygiene, and regular examination by a paediatrician, their morbidity and mortality rates were unacceptably high. This was the case in all the camps in the Goma region. The principal causes of death were diarrhoeal diseases, pneumonia and meningitis. Infants were frequently severely dehydrated, hypothermic, and hypoglycaemic on admission to Ndosho. Nursing these children in close proximity to each other for 24 hours a day probably contributed to the high rate of severe communicable disease.

In rural Rwanda, it would be customary for infants to be in close contact with their mother, elder sister or other female relative for much of the day. This provides the child

with warmth, comfort, and a wide range of stimulation, all of which contribute to optimal growth and development. Children deprived of these factors, but given adequate nutrition, may fail to thrive or develop. Therefore, the environment in which these infants received care in Ndosho may have been satisfactory in terms of nutrition, hydration and medical surveillance but failed in terms of environmental stimulation and prevention of spread of disease. To counteract these factors, teenage girls in the camp were encouraged to come to the infants' house, and to take the infants on their backs to allow the infants to experience the sights, sounds, and movement of life outside. To prevent inappropriate feeding, the infants' food was prepared and given under the supervision of the staff.

The benefits for the infants became apparent as they started to gain new developmental skills, particularly communication and social skills. These are probably more sensitive guides to a child's developmental stage and 'happiness' than gross motor skills such as learning to walk. By starting to talk, play and interact, the infants demonstrated that their environment, although not ideal, was allowing them to develop.

There were benefits for the older girls. The care of infants was not a strange concept or task to them. It gave them a role in the camp, and granted them self-respect and the respect of others. Their interaction with the infants was probably more culturally appropriate than play activities as a big group or with expatriate volunteers.

Having put into place structures and policies that encourage a child-friendly environment, how does one monitor the effectiveness of the care of the children? Is there such a thing as a measure of happiness? There is no one index that will measure success. Of course, one needs to continue with the crude score of mortality and morbidity. Regular assessments of indices of nutrition are essential, with supplementary assessment of night-blindness rates and anaemia, which will indicate micronutrient status of the children. Objectively monitoring the developmental progress of a randomly selected group of children is possible if a robust but simple developmental tool is used. The selection of children should be representative of the age and sex mixture of the camp.

However, I think that the most important way to measure 'happiness' is to allow the children to speak for themselves, to give them a voice. The children of Ndosho wanted to return home, above everything else. While waiting to go home, they wanted education, religious activities, proper houses, their own beds and their own clothes. The older children had spontaneously started classes amongst themselves and were teaching the younger children to read and write. Two months after the children arrived in Ndosho, once they had seen what they could achieve themselves through the dysentery control programme, they were able to take more control of their own lives, and have an active say in the management of the camp.

The camp was a different place, noisy and active but structured. There were still signs of children in distress, but the majority were not failing to thrive emotionally and physically. Their quality of life was adequate. Some of the protective factors of Table

1 had been reintroduced into the children's lives.

When Child-to-Child activities are introduced in culturally appropriate ways, children will act in a manner that comes naturally to them. Child-to-Child activities are low cost and sustainable interventions. If used early in the development of a camp, they can certainly reduce the need for outside intervention. An NGO, with a short term commitment to the camp, can have some assurance that quality of care will be sustained under local management.

The quality of life for children as refugees is essential. There is no place for minimal care if children are to be permitted to come out of the camp intact both physically and emotionally.